

APHIAplus Northern Arid Lands

Quarterly Program Report



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LIST OF ABBREVIATIONS

AAC	Area Advisory Committee
AB	Abstinence and/or Being Faithful
AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
APHIA	AIDS, Population and Health Integrated Assistance Program
APR	Annual Progress Report
ARIFU	AIDS Response in Forces in Uniform (Project)
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communications
BTL	Bilateral Tubal Ligation
C4M	Care for Mothers
CT	Counselling and Testing
CACC	Constituency AIDS Control Committee
CBT	Capacity-building Team
CCC	Comprehensive Care Center
CDC	Centers for Disease Control and Prevention
CDF	Constituency Development Fund
CHBC	Community and Home-Based Care
CHC	Community Health Committees
CHW	Community Health Worker
CIC	Community Implementation Committee
CME	Continuing Medical Education
CTS	Clinical Training Skills
CSI	Child Survival Index
CSW	Commercial Sex Worker
DASCO	District AIDS and STI Control Officer
DCC	District Community Coordinator
DFC	District Facility Coordinator
DHMT	District Health Management Team
DHRIO	District Health Records Information Officer
DHSF	District Health Stakeholders Forum
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease
DMS	Director of Medical Services
DMLT	District Medical Laboratory Technologist
DTC	Diagnostic Testing and Counselling
DQA	Data Quality Audit
DRH	Division of Reproductive Health
EID	Early Infant Diagnosis
EHP	Emergency Hiring Plan
EMOC	Emergency Obstetric Care
ESD	Extending Service Delivery
FBO	Faith-based Organization
FPPS	Family Programmes Promotion Services
FHI	Family Health International
FRL	Female Religious Leaders
GOK	Government of Kenya
GPS	Global positioning system
GIS	Geographic Information System
HAART	Highly Active Antiretroviral Therapy

HBC	Home-based Care
HCBC	Home and Community-Based Care
HCSM	Health Commodities and Services Management
HCT	HIV Counselling and Testing
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HR	Human Resources
HRM	Human Resources Management
HRH	Human Resources for Health
HRIO	Health Records and Information Officer
HTSP	Healthy Timing and Spacing of Pregnancies
ICB	Institutional Capacity-building
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IP	Implementing Partner
IYCF	Infant and Young Child Feeding
KAIS	Kenya AIDS Indicator Survey
KCIU	Kenya Council of Imams and Ulamaa
KEMRI	Kenya Medical Research Institute
LIP	Local Implementing Partner
LLITN	Long-Lasting Insecticide-Treated Nets
LDP	Leadership Development Program
LOC	Locational OVC Committee
LOE	Level of Effort
LOP	Life of Project
M&E	Monitoring and Evaluation
MARP	Most at Risk Population
MDR-TB	Multi-Drug Resistant Tuberculosis
MLS	Management and Leadership Specialist
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MOMS	Ministry of Medical Services
MT	Magnet Theatre
MSH	Management Sciences for Health
MTC	Medical Training College
NACC	National AIDS Control Council
NAL	Northern Arid Lands
NASCOP	National HIV and AIDS and STI Control Program
NCAPD	National Coordinating Agency for Population and Development
NCCS	National Council of Children Services
NEPTRC	North Eastern Province and Tana River County
NEPHIAN	North Eastern Province HIV and AIDS Network
NEWS	North Eastern Welfare Society
NHSSP	National Health Sector Strategic Plan
NHP	Nutrition and HIV Project
NOPE	National Organization of peer educators
NPHLS	National Public Health Laboratories Services
NQMG	National Quality Management Guidance
NRHS	Nyanza Reproductive Health Society
OBA	Outputs-Based Financing
OI	Opportunistic Infection
OJT	On-the-job training

OOP	Office of the President
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PASCO	Provincial AIDS and STD Coordinator
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Program for AIDS Relief
PGH	Provincial General Hospital
PHMT	Provincial Health Management Team
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living with HIV
PMO	Provincial Medical Officer
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNA	Performance Needs Assessment
PTC	Provincial Training Committee
QA	Quality Assurance
RRI	Rapid Results Initiative
SCMS	Supply Chain Management System
SIMAHQ	Sisters Maternity Home
STI	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenyan Muslims
TA	Technical Assistance
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TIMS	Training Information Management System
TMP	Training Master Plan
TNA	Training Needs Analysis
TR	Tana River
TOF	Training of Facilitators (also refers to a facilitator him/herself)
TOT	Training of Trainers (also refers to a trainer him/herself)
UES	Upper Eastern/Samburu
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WASDA	Wajir South Development Agency
YFS	Youth-Friendly Services
YTD	Year to Date

I. EXECUTIVE SUMMARY

The Horn of Africa is facing what has been called the worst drought in 60 years, with an estimated 12.4 million people urgently needing food. The Northern Arid Lands zone is greatly affected by this deteriorating situation: the livelihoods of the pastoralist people of this region are severely diminished because of the failed rains over the last 2-3 seasons.

Although there have been few reports yet of loss of human life, the region is experiencing very high malnutrition rates. Turkana, for example, has experienced malnutrition rates of up to 38 percent – the highest recorded in 20 years and more than double the World Health Organization emergency threshold of 15 percent. There has been an increase in admissions of severely malnourished people to stabilization centers, with children younger than five most affected.



Responding to this humanitarian emergency requires cross-cutting interventions and APHIAplus NAL, despite not being an emergency-response project, is using its resources, partnerships and creativity to assist where it can (see Annex III, *APHIAplus Northern Arid Lands Responses to the Drought*)... but the needs remain overwhelming.

While there are variations across the three sub-regions of NAL, the Project is on track to meet or surpass most of its targets.

The Project implemented Sexual Network Assessments in Isiolo and Lodwar towns during the quarter. The studies will generate information that will support the development and implementation of evidence-based strategies for reducing risky behaviors. The assessments will identify both the most-at-risk groups and the most risky areas or locations where those individuals meet or negotiate their relationships. They will try also to understand the context and content of stigma in these socially/religiously conservative and yet fairly liberal communities. Finally, the studies will provide basic information on which strategies might be effective in reducing risky behaviors associated with transactional sex in these contexts.

Among the highlights for this quarter, the Project had its life-of-project work plan approved and this is the basis against which this and future quarterly reports are judged. During the quarter,

the Project submitted proposed upward revisions of a number of targets to USAID and is awaiting approval before formally revising the PMP.

II. PROGRAM DESCRIPTION

APHIA*plus* (AIDS, Population, and Health Integrated Assistance; *plus* stands for people-centered; leadership; universal access; and, sustainability) is an agreement between the Government of Kenya and USAID. The APHIA*plus* Northern Arid Lands (NAL) service delivery project brings together a team of organizations: Pathfinder International; Management Sciences for Health; IntraHealth International; Food for the Hungry; and, International Rescue Committee. The Project also works with numerous other local implementing partners, including government ministries, non-governmental, faith-based and community organizations.

APHIA*plus* supports integrated service delivery in technical areas of HIV/AIDS, malaria, family planning, tuberculosis and MNCH, and selected interventions related to the social determinants of health. APHIA*plus* emphasizes service integration at all levels as a build-up to sustainability; all project activities are aligned with GoK policies and strategies.

APHIA*plus* Northern Arid Lands is an expansion of the APHIA II North Eastern Province project and was initiated in January 2011. The Project covers the northern 60% of Kenya, an area characterized by remote, nomadic communities with limited access to goods and services. The APHIA*plus* Northern Arid Lands zone stretches across four provinces and effectively incorporates three sub-regions: Turkana County; Upper Eastern province/Samburu (UES); and, North Eastern province/Tana River (NEP/TR).

The Project is operating in the following counties:

- Tana River
- Garissa
- Wajir
- Mandera
- Isiolo
- Marsabit
- Samburu
- Turkana

Innovative strategies are required to address the unique challenges faced by communities in this zone. Project activities occur at both health facility and community levels and involve a high degree of collaboration with GoK partners and stakeholders at provincial and district levels. Activities fall into two result areas:

- increased use of quality health services, products and information; and,
- social determinants of health addressed to improve the well-being of marginalized, poor and underserved populations.

The Project is funded at approximately \$28M over five years. APHIA*plus* NAL receives funding apportioned across its program areas as follows:

- MCH – 43%
- HIV/AIDS – 42%
- Family Planning – 15%
- Nutrition – 1%

III. CONTRIBUTION TO HEALTH SERVICE DELIVERY

Description of the Work Plan Status

RESULT 3 – Increased Use of Quality Health Services, Products, and Information

3.1 HIV prevention and adoption of healthy behaviors

The Project implemented Sexual Network Assessments in Isiolo and Lodwar towns during the quarter. The studies will generate information that will support the development and implementation of evidence-based strategies for reducing risky behaviors. In Isiolo, this risk is associated with sexual networks that may emanate from the town and penetrate into the interior of the upper Eastern region and Samburu County in North Rift Valley. Similarly, the Lodwar assessment will include both the urban area and surrounding communities, such as fisher folk in a community on the edge of Lake Turkana.

The assessments will include information on risky behaviors, HIV literacy, transactional sex and concurrent relationships. They will identify both the most-at-risk groups and the most risky areas or locations where those individuals meet, hang out or negotiate their relationships. They will try also to understand the context and content of stigma in these socially/religiously conservative and yet fairly liberal communities. Finally, the studies will provide basic information on which strategies might be effective in reducing risky behaviors associated with transactional sex in these contexts.

The Isiolo assessment was completed during the quarter and the report will be finalized in the next quarter. Turkana data collection was initiated in the current quarter and will be completed in the following quarter, along with analysis and write-up of the findings and recommendations.

In the meantime, the Project supported local partners, MOH and NACC colleagues to identify and supply condom outlets, including CHWs and peer educators, in each of the three sub-regions.

The Project focused on prevention with positives (PwP) and mapping of MARPs, including commercial sex workers (CSWs), uniformed services, Morans/girls, *miraa* vendors, inmates and fisher folk. The Project emphasized reaching Morans and their girlfriends in UES (see Annex V: Success Stories – *Taking Action Against “Beading”*) because there were no other partners focusing on them. Other key interventions included sensitization of out of school youth on HIV/AIDS, ASRH and drug abuse, assessment of the condom distribution situation around Isiolo and pursuing a VMMC opportunity at Loyangalani in partnership with Food for the Hungry and NRHS.

APHIAplus NAL identified 12 high volume schools in Turkana to be targeted with school health activities. The staff facilitated sessions in schools to provide information on life skills, hygiene, ASRH and HIV prevention.

In Turkana, the Project provided Secretariat support to the DHMTs for implementing Voluntary Medical Male Circumcision (VMMC) services in the County. The MOH allocated Turkana North and Turkana South districts to APHIAplus NAL, with Nyanza Reproductive Health Society (NRHS) responsible for Turkana Central (Lodwar).

The Project implemented a two-pronged strategy for rolling out VMMC services in Turkana North and South. First, with the assistance of NRHS, the Project trained existing service providers to provide VMMC services. Training took place but NRHS was unfortunately forced to

suspend its activities in Turkana before adequate mentoring had resulted in certification of the providers. Concurrently, APHIAplus NAL collaborated with Capacity Project to initiate the recruitment of two dedicated teams of VMMC service providers. Once in place, these teams will provide dedicated services to cope with the backlog of demand, while also enhancing the capacity of existing service providers to continue once the dedicated teams are phased out.

Challenges and recommendations

- Suspension of NRHS work in Turkana has hindered rollout of VMMC through existing staff and highlighted sensitivities around working in Turkana. The Project is collaborating closely with both NASCOP and the DHMTs. While awaiting a resolution, the Project is proceeding with the establishment of two dedicated VMMC teams.
- High illiteracy levels across the zone, coupled with strong myths and misconceptions that hinder appropriate health-seeking behaviors. The Project will use evidence-based interventions to dispel these misconceptions among various community groups, especially MARPs.
- The current drought has disrupted the lives of the communities such that most males are far away with their animals making meeting targeted community members difficult. Focus on meeting men at the key water points and livestock markets and women and youth through the school health programs and relief food distribution points.
- Weak or nonexistent community-facility linkages, particularly in parts of UES and Turkana. Though CHWs are predominantly linked to implementing partners and/or local health facilities in these sub-regions, they are sometimes unaware of current CHBC and PwP activities in their catchment areas. Project recommends strengthening of facility – community linkages through District Health Stakeholders' Forums and joint integrated outreaches involving MOH and implementing partners.
- Growing condom demand among students in NEP/TR may prompt shift in strategy with potential controversy and associated risks.
- Low number of workplace peer educators in NEP/TR due to high attrition.
- Vandalism of condom dispensers in main towns.
- Inconsistent refilling of the condom dispensers and shortage of condoms in some facilities experienced.

Activities planned for the next quarter

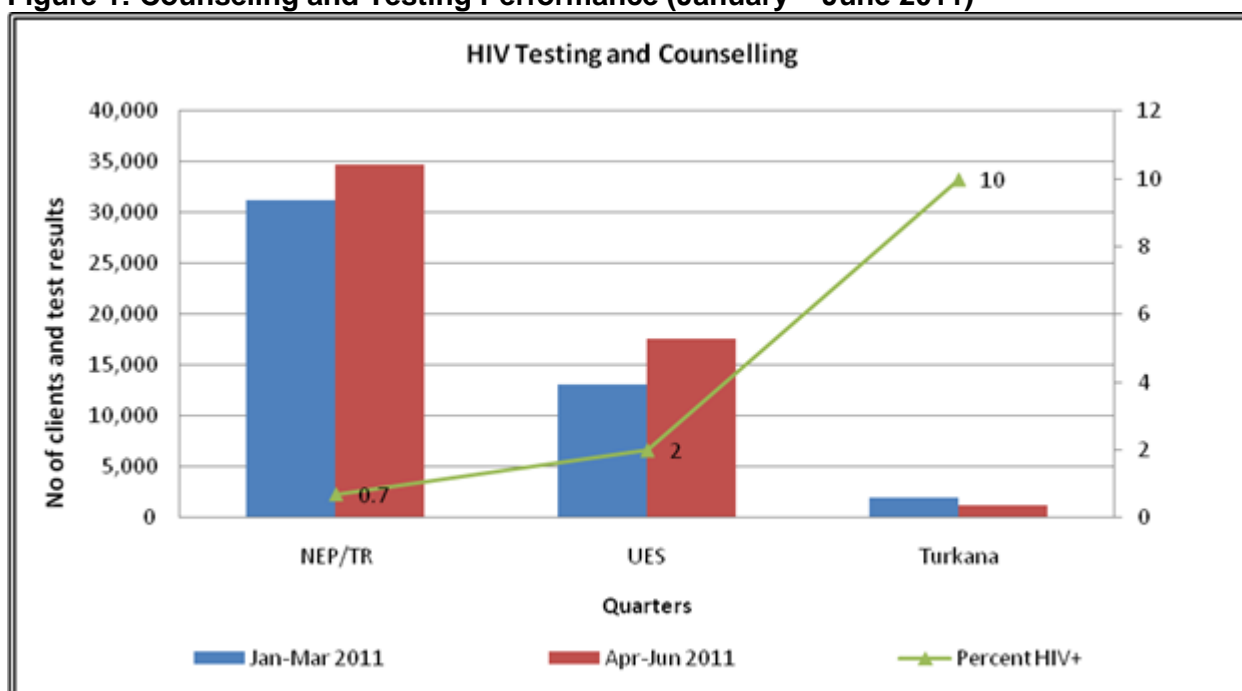
- Procurement of VMMC supplies.
- Collaboration with Capacity Project on recruitment of dedicated VMMC teams.
- Disseminate the Isiolo sexual networks assessment findings and continue with the outreaches targeting MARPs. Initiate moonlight VCT in the towns. Focus on MARPs identified by the assessments.
- Continue to enhance HTC among MARPs who may not be covered under normal HTC activities through innovative approaches including; moonlight VCT, HBVCT, watering point and livestock markets VCT.
- Support public health department, VCT counselors and peer educators to re-fill condom dispensers regularly.
- Continue sensitization sessions on evidence based interventions to community groups ensuring quality and impact of PWP.
- Facilitate condom distribution to health facilities and community sites through the community Leaders and CHWs. Build partnerships with bar owners together with Public Health department to strategize on stock and replenish dispensers in bars.
- Intensive orientations for teachers and school patrons and support dissemination of life skills and abstinence messaging through school health programs aimed at HIV/AIDS, ASRH, MNCH/FP and drug abuse prevention in partnership with the PDE/DEOs and other stakeholders.

- In collaboration with the DHSFs, provide minimum support/incentive package for CHWs to strengthen Community Units for effective community mobilization for increased access to health services.
- Intensify awareness and uptake education through community radio interactive messages on topical issues with expert panels on topics such as HIV/ADS, MNCH, RH/FP, drug abuse, gender. Create demand for facility-based services through same channels by creating awareness on facility service charters.
- Integrate PWP minimum care package in 5 additional satellite sites in UES through CMEs, OJT and distribution of PWP protocol to existing 35 ARV sites.

3.2 HIV Counseling and Testing

The Project is generally on track, with the best performance being registered in NEP/Tana River sub-region. The significant increase in CT there can largely be attributed to the inclusion of PICT sites as per recent guidance from USAID.

Figure 1: Counseling and Testing Performance (January – June 2011)



The difference in the percentage of those testing positive in each of the three sub-regions is striking, but otherwise consistent with expected results. The reduction in absolute numbers of those who received CT in Turkana is a reflection of the decision by the DHMTs there to allocate facilities outside of major urban areas to *APHIAplus* NAL.

The Project will continue to put emphasis on increasing access of key populations at risk to CT services. The recently completed Sexual Network Assessments in Isiolo and Lodwar should be helpful in this regards.

Challenges and recommendations

- Moonlight VCT holds great potential in sub-regions outside of NEP (where it is already in place) but has either not been initiated or has become dormant.

- Erratic supply of test kits hindered effective HTC service delivery in some sites e.g. Moyale and Garba Tula districts. The project will facilitate strengthening of commodities systems and distribution through linkages with HCSM and SCMS.
- Some facilities do not have HTC trained staff. The project will provide regular OJT/CME on HTC and identify formal training needs to be addressed once the national training mechanism is approved by USAID.
- There is currently no intervention targeting uniformed officers in Turkana County; it is only Lodwar prison that has an AIDS Control Unit (which is currently not functional). The project will establish workplace HIV programs targeting uniformed services in the three districts.
- In Turkana and UES, there is low level of awareness among the community members on the existence of counseling and testing services at local facilities. There is need to intensify CT awareness among community members using existing structures like CHWs, PEs, religious and other leaders and advocates.
- CT outreach in the border town of Mandera was suspended because of insecurity.

Activities planned for the next quarter

- Scale-up moonlight VCT in urban areas of Tana River, UES and Turkana.
- Strengthen PITC in high-volume facilities through supportive supervision, OJT and CME.
- Facilitate strengthening of commodities systems and distribution through linkages with HCSM and SCMS.
- In UES, support HTC data collection and analysis in 5 additional districts and integrate CT in all moonlight/livestock markets/watering points, outreaches to pastoralist communities (including in Samburu through SAIDIA sub-grant).
- In Turkana, procure and distribute 21 LPG cylinder to power refrigerators used for storing test kits and other heat-sensitive commodities.

3.3 Palliative Care – TB/HIV

The Project is on track as a whole, with some sub-regional variations. In Turkana, for example, TB/HIV results were below those recorded in the previous quarter, primarily because of drug shortages and stock outs.

In UES, APHIAplus NAL supported the improvement of TB/HIV services through 6 TB/HIV collaborative meetings for strong networking and referral systems, 21 monthly facility in-charges data/OJT dissemination meetings, CMEs to 5 district and 1 mission hospitals, assessment of 9 main labs and support for the provision of a minimum care package to PLHIV and TB clients. The Project also did benchmarking for 40 high-volume facilities and assessed 28 of these for TB/HIV service provision readiness, identifying priority capacity and service provision needs. The Project supported CMEs and provided TA to improve the capacity of service providers from 9 CCCs and from 26 ART satellite facilities to assess PLHIV for TB and to provide TB services.

In Turkana, the Project supported 15 ART sites to provide comprehensive TB/HIV services through OJT and integrate TB treatment services in the container clinics located in far-to-reach areas of Turkana North. The project supported the DMLT to conduct OJT on TB diagnosis in 3 health facilities in the County.

A 5 l's sensitization meeting for DASCOS and DTLCs from all districts in NEP was supported by the Project in Garissa as a preliminary step for rolling out the strategy in the Province.

Table 1: TB indicators (January – June 2011)

	Jan-Mar 2011					Apr-Jun 2011					
Indicators	Children 0-14 yrs		Adults >14yrs		Sub Total	Children 0-14 yrs		Adults >14yrs		Sub Total	Grand Total
	F	M	F	M		F	M	F	M		
TB cases detected	109	61	385	531	1,086	78	107	448	616	1,249	2,335
Smear positive	21	15	133	188	357	2	33	102	244	381	738
Smear negatives	52	44	253	321	670	27	51	282	322	682	1,352
Extrapulmonary TB patients on treatment	15	16	61	55	147	7	17	35	52	111	258
TB patients on re-treatment	3	6	40	81	130	2	5	69	56	132	262
TB patients tested for HIV	74	45	338	366	823	72	101	353	528	1054	1,877
TB patients HIV +ve	7	6	42	46	101	2	2	60	66	130	231
TB/HIV patients on CPT	9	5	45	50	109	2	3	56	55	116	225
Defaulters	7	0	12	5	24	1	5	8	14	28	52
TB patients completed treatment	64	24	131	161	380	38	45	179	237	499	879
TB Deaths	2	2	7	15	26	2	2	11	13	28	54

Challenges and recommendations

- Isoniazid preventive therapy, a very important step in the prevention of transmission in clients in contact with TB smear positives, is still not realized regionally.
- There are renovated laboratories which not operational because of lacking equipment and staff.
- In UES, low access to HIV/TB services in 4/12 districts because they do not have district hospitals. Efforts to establish such are planned for by the DHMTs/PHMTs and relevant national offices.
- In UES, 26 of the 35 ART sites are manned by one person, making it difficult to carry out palliative care as required. Also, recording keeping in some of the 26 ART satellite facilities is not well done due to high workload and skills gaps among the few staff running the facilities.
- In Turkana, early TB diagnosis at the community level is poor. The project will need to work with the trained CHWs to promote early TB diagnosis and conduct referrals.

Activities planned for the next quarter

- Sensitization of health workers on Isoniazid preventive therapy (IPT)
- Lobby for operationalization of more TB diagnostic centers through linkages to national mechanism for staffing and equipping of renovated laboratories.
- Support implementation of Kenya Quality Assurance model for health services.
- Strengthen counseling and testing at the TB clinics, through counselor support supervision, OJT.
- Advocate for additional staff from the MOH and through Capacity Project.

- Focus on OJT and regular facilitative supervision to motivate the SPs as well as continue to review the staffing situation with the MoH and Capacity Kenya.
- Support /strengthen OJT/CME targeting improvement of TB/HIV indicators in data dissemination meetings as well as palliative care.
- Undertake needs assessment for minor and major renovations and furnishing for district hospital labs with the aim of linking for solutions with the relevant national mechanism projects.

3.4 HIV and AIDS treatment/ARV services

Project targets are on course to be met, although there are sub-regional variations.

Table 2: Summary of ARV services (January – June 2011)

ART Indicators	Jan-Mar 2011	Apr-Jun 2011
Newly enrolled on HIV Care	649	1,281
Newly initiated on ARVs	240	542
Cumulative on Care	11,875	13,596
Cumulative on ARVs	5,212	5,946
Currently on ARVs	3,917	4,711

The change in the ART supply pipeline from KEMSA to Kenya Pharma has already improved the availability of ARVs and OI drugs in NEP/TR and Upper Eastern.

Lab networking continues to perform well in NEP/TR. The sample rejection rate fell from 12% to 1%, largely because of remedial training which the Project implemented in Tana River. However, the total number of samples also reduced significantly because of the breakdown of the CD4 machine at PGH/Garissa (the machine was eventually repaired and an air conditioner procured by the Project to prevent over-heating in the CCC lab). CD4 samples for Tana Delta are processed by the district hospital in Malindi.

The NEP approach to lab networking is being introduced by the Project in the other two regions, with Upper Eastern/Samburu and Turkana being assisted next quarter. Taking advantage of the design of the Northern Arid Lands zone, the Project is assisting Moyale district hospital to provide lab networking services for those populations in Wajir that are closer to Moyale than Garissa. The Project initiated lab networking in Turkana South, assisting with transportation of samples and follow-up of results and feedback to facilities.

In NEP/TR, the Project supported ART mentorship support supervision visits to all ART sites, distribution of reporting tools, replenishment of ARVs to satellite sites and the sensitization of the latest protocols of HIV care and treatment.

In Turkana, the Project supported 5 peripheral facilities to offer the minimum care package including cotrimoxazole prophylaxis, multivitamin supplementation, laboratory evaluation and WHO staging. The Project supported integration of MCH and ART services into 5 TB centers. APHIAplus NAL provided TA and supportive supervision through DHMTs to roll out the national mentorship initiative to improve quality of care and treatment in targeted facilities.

In UES, the Project supported the scaling-up of ART and PEP services from 31 to 35 ART sites through TA and regular supportive supervision visits to the facilities by the DHMTs and project staff. APHIAplus NAL supported initiation of CD4 lab networking and provided TA and logistical support in 12 districts. 330 CD4 and 58 DBS samples were transported tested and results shared with clients. CD4/ EID lab networking coupled with active follow up of clients for effective linkages to the CCCs helped improve timely initiation of pediatric and adult ART in all 12 districts.

As expected, there have been increases in the numbers of malnourished ART clients who are receiving supplementary feeding. This will remain a focal point for Project support during the duration of the current drought.

Challenges and recommendations

- In Turkana, some facilities only have unskilled cadres of staff, such as patient attendants, hindering provision of ART and EID services. Additional staff are required to support and scale up ART services in the County.
- Adaption of CD4 lab networking in UES remains slow because of the poor mode of transport and inaccessibility of some facilities. There is a very limited courier service (G4S) for DBS in almost all UES districts except Isiolo. Explore innovative ways of collecting samples and giving test results to clients, such as batching around the monthly data dissemination meetings, networking and sharing the Project's and other partner's transportation schedules.
- CHWs rarely getting involved for lack of incentives in the follow-up of cases as this is mostly volunteer work in a food insecure and extremely resource poor region. Further explore ways and means of motivating CHWs, including support to community units, facility-based CHWs, linkages to livelihood support initiatives and training benefits so as to improve on case finding strategies.
- Lack of adequate knowledge and confidence on ART initiation by service providers remains a challenge to decentralization of the services. Support formation/activation of district training committees and facilitate SP capacity building/performance needs assessment, linking these needs to the national capacity-building mechanisms to provide IMAI training and related capacity building to rural facility staff.

Activities planned for the next quarter

- In Turkana, identify 10 additional sites, provide clinical mentorship on ART provision, national guidelines and protocols in support of initiation of services.
- Provide TA from NEP to continue strengthening the CD4/EID Lab networking system in UES and Turkana.
- In UES, initiate ART services in 5 more satellite sites in 5 districts.
- In NEP/TR, strengthening of CD4/EID laboratory networking with Malindi DH, Garissa PGH and Moyale DH.
- Support clinical care forums through participation and logistic support.
- Continue the support of on-site ART mentorship through support supervision, CME and logistics.

3.5 HIV care and support

The Project is working with PLHIV support groups or post-test clubs in all three sub-regions. The work with PLHIV is most mature in NEP, followed by UES and followed by Turkana. The strategy for rolling out care and support in the rest of NAL will benefit particularly from the experience of APHIA II NEP.

Table 3: Summary of CHBC services (January – June 2011)

<i>Activities/Services</i>	Jan-Mar 2011	Apr-Jun 2011
Number of clients served	3,608	5,007
Clients who died	9	8
No of care givers	2,401	2,632
No. of HBC clients (male)	976	2,034
No. of HBC clients (female)	1,636	2,973
No. of clients on ARVs (male)	477	1,332
No. of clients on ARVs (female)	1,197	1,718
No. of ARV clients dropped out	2	2
No. of referrals for VCT	294	295
No. of referrals for CCC	263	595
No. of referrals for FP	241	357
No. of referrals for nutrition	1,093	1,918
No. of referrals for support group	325	1,501
No. of referrals for PMTCT	61	236
Condoms distributed	436	2,230

Treatment literacy training for clients identified by CCCs is a cornerstone for empowering PLHIV and reducing stigma. During the quarter, the Project trained PLHIV in treatment literacy in NEP, Tana River and Upper Eastern. Trainers and facilitators were drawn from PLHIV from NEP who had previously been trained by the Project and who represented models of positive living for the trainees. Religious and administrative leaders were brought in as resource persons.

PLHIV groups were able to access food, credit, savings, enhanced health services and other resources during the quarter through linkages established with the assistance of the Project, as well as through their own efforts. These groups also serve as service delivery points for psychosocial support and treatment adherence.

The Project supported networks of CHWs in each of the sub-regions to conduct home visits and maintain linkages with CCCs and service providers. Expanded CD4 sample networking is now providing increased access to clinical care for PLHIV in Tana River and Upper Eastern.

In UES, the project supported treatment literacy, CHW refresher trainings on personal health and hygiene and proper condom use, and supported access to economic strengthening activities and provision of CHBC products and items including ITNs and PUR.

The Project supported economic strengthening (formation of 50 women merry-go-rounds with linkages to Kenya Women Finance Trust) and savings and lending (SILC) initiatives for 532 and 482 PLHIV clients under the Catholic Diocese of Maralal and Food for the Hungry in Marsabit County respectively.

In Turkana, the Project provided four support groups with appropriate information on adherence, positive living, and disclosure, while linking them to appropriate services.

Challenges and recommendations

- There is high demand for CHBC services in UES and need to encourage more male participation in post-test clubs. The Project will capitalize on the impact of treatment

literacy training and stigma reduction messages with the involvement of religious leaders as key conduits. It is expected that integrating IGAs in the PTCs will encourage increased male participation.

- In Turkana, most clients default from treatment because of poor nutrition and the project is currently linking the clients to partners for nutritional support.

Activities planned for the next quarter

- In NEP, support stigma reduction outreaches targeting PLHIV through engagement of active PLHIV advocates and religious leaders in Mandera, Rhamu, Elwak, Takaba, Griftu & Bute.
- Conduct treatment literacy training for 60 PLHIV in Masalani, Mandera & Garissa.
- Strengthen linkages/referrals of LIPs and OVC/CHBC support groups to national and other partners to address gaps in social determinants of health services including, NACC, CDF, GOK, WFP, KRCS, World Vision, etc.
- Treatment literacy training for support groups in 3 districts in Turkana.

3.6 Prevention of Maternal-to-Child Transmission of HIV

PMTCT results are about where they should be, with the exception of testing of infants, which remains relatively low. There are variations across sub-regions, with NEP performing better than Upper Eastern and particularly Turkana. The Project is putting emphasis on training providers in “container clinics” in Turkana North which are established along migratory routes, as well as FBO service providers elsewhere in the County. The Project is also sensitizing CHWs on PMTCT and assisting them to form mother-to-mother groups.

Table 4: PMTCT cascade (January – June 2011)

Indicators	Jan-Mar 2011	Apr-Jun 2011	Total
No. of women starting ANC	15,069	13,569	28,638
No. of women attending ANC as revisits	22,251	21,800	44,051
No. of women counseled	16,775	15,044	31,819
No. of women who had HIV test	15,612	14,227	29,839
No. of women tested HIV +	155	129	284
Mothers given NVP at ANC	114	108	222
No infants tested for HIV after at 6WKS	47	49	96
No infants tested for HIV after at 3 months	20	49	69
Infants issued with preventive ARVs	104	82	186
Mothers tested at maternity	3,758	3,990	7,748
Maternity HIV	51	70	121
Deliveries	5,885	6,998	12,883

ANC numbers fell by about 15% in NEP/TR, presumably because of movements of populations in response to the drought and resultant humanitarian emergency. However, numbers of mothers testing at maternity increased, as did deliveries.

In Turkana, a mapping exercise conducted by the DHMTs led to reduction of the number of PMTCT sites supported by APHIAplus from 78 to 34 .The sites supported by APHIAplus are low-volume, hard-to-reach sites, which explains the drop in the number of PMTCT clients this quarter.

ART services were initiated within the MCH clinic in PGH Garissa. This will enable positive mothers to be initiated on HAART in the MCH. Also in NEP, APHIAplus NAL continued support for motorbike integrated outreach services in all the districts through the provision of fuel for motorbikes and lunch allowances for health workers.

The Project supported joint DHMT/APHIAplus NAL PMTCT support supervision in all the districts as well as strengthening facility community linkages and HIV/TB/RH programmatic areas.

In UES, the Project supported the provision of comprehensive PMTCT services in 134 out of a total of 155 facilities and integration of services in 60 mobile outreach sites conducted by the facilities. Service provision was supported through OJT and updates on new guidelines, EID, PNC, regular support supervision and the Malezi Bora campaign.

In Turkana, the Project supported the initiation of PMTCT in 10 new sites through staff orientation, delivery of HIV test kits and prophylactic ARVs. This brings the number of facilities reporting on PMCTC to 34.

Figure 2 : HIV Counseling and Testing at ANC (January – June 2011)

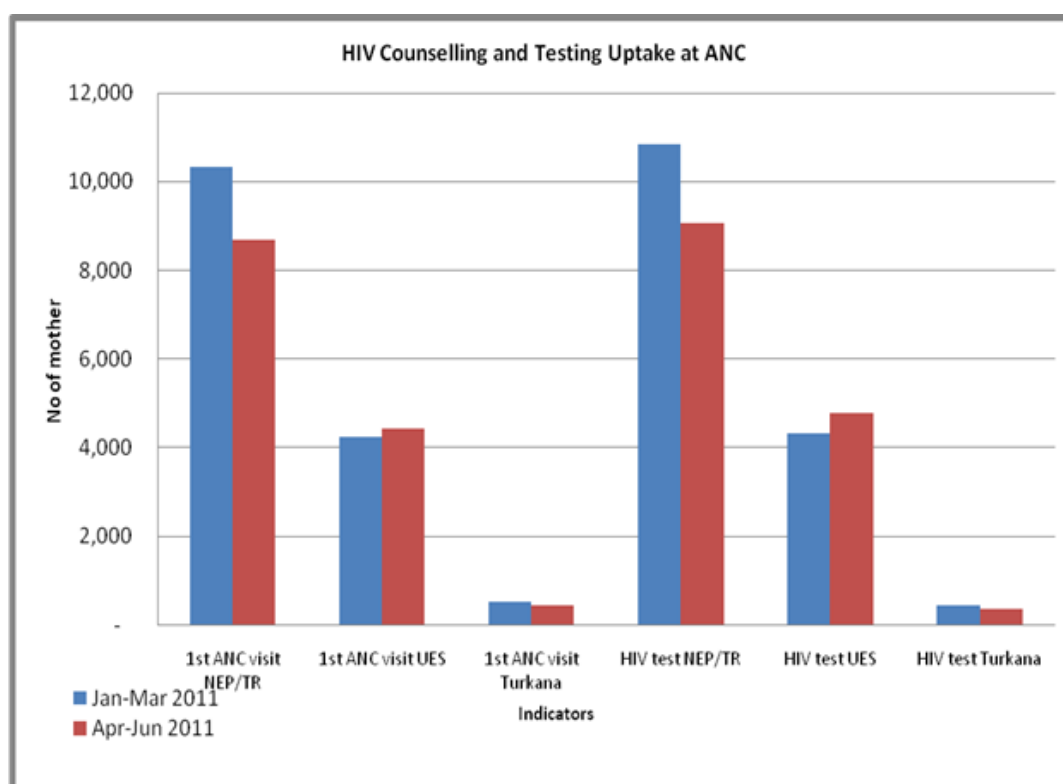
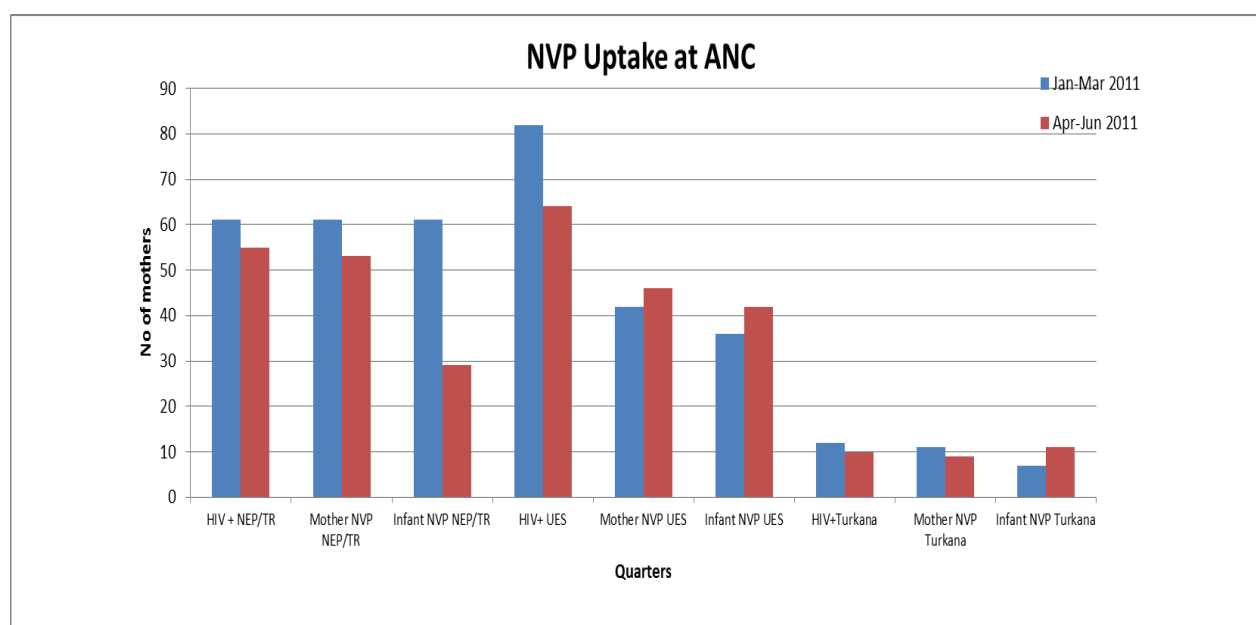


Figure 3 : Mother and infant NVP uptake at ANC (January – June 2011)



Challenges and recommendations

- Identification and prompt sample collection for EID HIV exposed infants is still a challenge in some districts due to a shortage of DBS supplies that appears to be nationwide.
- High turnover of PMTCT-trained personnel (mainly due to expiry of contract periods) and movement of staff to other areas within the districts and outside the province.
- Male involvement in PMTCTC attendance is still low due to cultural beliefs and pastoralist lifestyles. The Project will continue to integrate PMTCT services into outreaches to watering points, moonlight VCT, livestock markets, etc. The Project will also use local radio FM stations and integrated outreaches to advocate for more male involvement in PMTCT.
- Low number of HIV+ mothers in rural facilities and long distances to and from the facilities hinder formation of mother-to-mother support groups. The Project will gradually introduce post-test clubs for both HIV negative and positive mothers in the low-volume facilities.
- Poor distribution of HIV test kits and Nevirapine led to stock outs in a number of PMTCT sites supported by APHIAplus in the County. This was due to lack of transportation for the commodities from the regional depot in Eldoret to the districts in Turkana.

Activities planned for the next quarter

- Integration of FP and PWP counseling in PMTCT sites through distribution of PWP job aides including infant feeding guidelines.
- Active HIV-exposed infant follow-up, enrolment of infected babies into care and treatment through active case finding, provision of guidelines, posters and EID materials.
- Provide OJT and CME to service providers on new PMTCT guidelines that emphasize dual, triple prophylaxis or full HAART depending on client's CD4 levels and other clinical indications.

- Continue facilitating joint DHMT/APHIA *plus* NAL quarterly support supervision to improve the uptake of PMTCT services and availability of more efficacious ART prophylaxis regimen for the districts.
- In UES, support 10 additional PMTCT sites to start offering comprehensive PMTCT through DHMT facilitative supervision, orientation of the new SPs at the facilities on PMTCT guidelines, TA, and logistics support for PMTCT commodities.
- In Turkana, continue mentorship of staff in Project-supported facilities and support for distribution of test kits, prophylactic ART and OI drugs.

3.7 Maternal, Newborn and Child Health/Family Planning

Table 5: Maternal health services (January – June 2011)

Indicator	Jan-Mar	Apr-Jun
# of skilled care deliveries	6,047	6,998
# of new ANC visits	15,957	14,684
# of 4+ ANC visits	5,749	6,783
# of lactating mothers receiving Vitamin A	12,422	14,404
# of ANC clients receiving IPT2	5,450	7,203
# of MVAs performed	65	73

Table 6: Newborn and child health services (January – June 2011)

Indicator	Jan-Mar	Apr-Jun
# of newborns of LBW	382	512
# of newborns received BCG	16,092	18,231
# of children less than 12 months of age who received DPT3 from USG supported programs	14,482	16,998
# of children under one year vaccinated against measles	14,774	17,712
# of children under one year fully immunized	13,297	11,413
# of children under five receiving Vitamin A	41,759	122,889
# of children under five treated for malaria	28,134	37,973
# of cases of child diarrhea treated	10,945	37,038
# of cases of child pneumonia treated with antibiotics	4,480	15,236

There were significant increases this quarter in nearly all indicators for MCH/FP across all three sub-regions. The Project is likely to meet or surpass its targets in these program areas, some of them significantly (note that revised targets have been proposed to USAID). While it is possible that some of the targets may have been conservative, this progress is also a reflection of the increased emphasis which the Project is putting on MCH/FP, particularly in NEP/TR.

Much of the increase during the quarter under review is attributable to resources and TA provided by the Project for the implementation of the Malezi Bora campaign in the month of May. There were sharp increases in Vitamin A for children under 5, an important intervention particularly during the ongoing drought when immune systems have been compromised. Significant increases in immunization coverage are also a direct result of Project support at both the district and provincial levels during polio and measles immunization campaigns.



Clients registering at an outreach clinic supported by the Project in NEP/TR

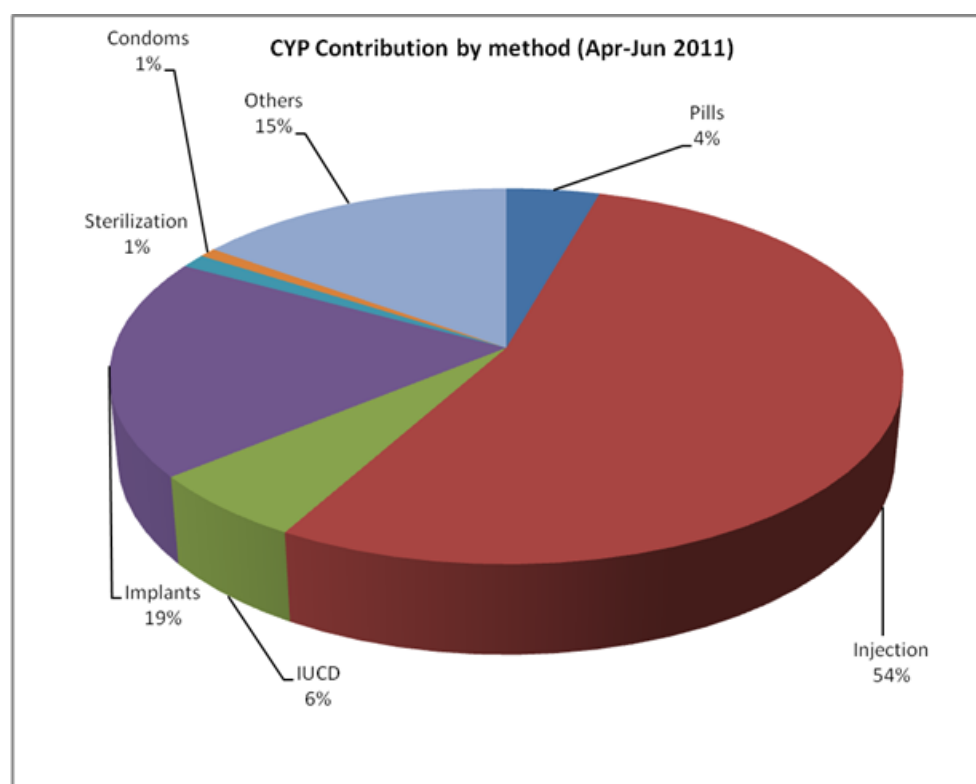
The one area of decline during the quarter was in the number of family planning new acceptors. In Turkana, this was attributable to a shortage of injectable contraceptives, a method preferred by most women in the County. The Project is assisting service providers to improve reporting for more accurate forecasting. In NEP, the assumption is that the movements of significant proportions of the population due to the search for water and pasture may have affected FP uptake.

FP uptake in Tana River County continues to be high relative to the rest of the zone. Use of a permanent method of contraception (BTL), for example, was reported there for the second consecutive quarter.

Table 7: Summary of FP methods provided (January – June 2011)

Summary	Methods	Total Jan-Jun	Total Apr-Jun
Pills	Microlut	713	855
	Microgynon	2,097	2,540
Injections	Injections	10,042	11,184
IUCD	Insertion	90	87
Implants	Insertion	340	280
Sterilization	B.T.L	8	8
	Vasectomy	0	0
Condoms	No. of clients receiving	7,148	5,157
All others: (Cycle Beads)		987	785
Total number of clients		21,424	20,896
Removals	IUCD	116	0
	Implants	75	32

Figure 4: Contribution to CYP by contraceptive method (April – June 2011)



The Project assisted in the refurbishment of targeted ORT, nutrition and hygiene demonstration corners in selected health facilities in each of the sub-regions, using low-cost and locally-available materials.

In NEP/TR, the Project implemented the RED strategy to address low immunization coverage, focusing on areas with huge pockets of unvaccinated children; this translated to improved immunization coverage in most antigens.

In UES, the Project monitored quality of services provided by contraceptive technology update trainees in 134 facilities during routine support supervision. This was followed by strengthening of FP information education to 100 facilities and provision of Tiahrt charts and job aids. The Project also supported DHMTs to conduct mobile outreaches as part of RED strategy implementation for facilities performing poorly on immunization.

Also in UES, the Project integrated FP/RH into community outreaches in 60 sites, resulting in 16 additional facilities providing a full method mix. The Project also supported implementation of adolescent/youth-friendly services, including PAC for youth-friendly sites in the 7 district hospitals, though infrastructure challenges remain. This was done through CMEs and TA on YFS to health workers at the DHs and facilities.

In Turkana, the Project supported provision of quality MNCH services in outreach programs provided by Diocese of Lodwar, AIC and RCEA, including treatment of children with diarrhea. Interventions included refurbishment of ORT corners and ensuring availability of safe water, ORS & Zinc in 5 high-volume sites, and establishment of hand washing facilities in 15 facilities.

During Malezi Bora week in Turkana, the Project supported accelerated health education on hand washing and child care. The Project also played a coordination role between the MoPHS and UNHCR and IRC in the delivery of vaccine doses from the central depot to the County in May.

Challenges and recommendations

- The number of deliveries by skilled attendants is low compared to the number of pregnant women completing their 4th ANC visit. Cultural beliefs, limited number of facilities with maternities and poor quality of services are all impediments to women seeking delivery by a skilled attendant. In UES, APHIAplus NAL has met with the retired midwives secretariat in Isiolo to get them involved in improving skilled deliveries.
- Inadequate basic emergency obstetric care equipment making it difficult for health workers to provide quality safe maternity services.
- Inadequate cold chain equipment in health facilities hampering vaccine storage and limiting EPI service provision.

Activities planned for the next quarter

- Support the mainstreaming of maternal high impact interventions through targeted TA, logistics and provision of supplies.
- Support CMEs in obstetric and other related care (AMSTL, partograph, APH/PPH, eclampsia, infection prevention, waste segregation, FANC, etc.).
- Strengthen PAC services in Garissa PGH and district hospitals through TA and provision of equipment and supplies.
- Provide OJT/CME to SPs on safe motherhood, BOC and work closely with the retired midwives secretariat in Isiolo to increase skilled deliveries by skilled attendants at manyattas near the facilities.
- Strengthen linkages between the community and facility through CHW/facility-based RH committees, activating follow-up of HEI and infected infants through CHWs, CHEWs and CHBC programs.

- Continue supporting the baby friendly hospital initiative (BFHI), technically support DHMT to refurbish lactation centers using the locally available materials, monitor mother-to-mother/BF clubs and support the World BF day in the next quarter.
- In Turkana, procure and distribute 21 LPG cylinder to power refrigerators used for storing test kits and other heat-sensitive commodities.

3.8 Nutrition

NAL is experiencing very high malnutrition rates because of the failed rains over the last 2-3 seasons. Turkana, for example, has experienced malnutrition rates of up to 38 percent – the highest recorded in 20 years and more than double the World Health Organization emergency threshold of 15 percent. There has been an increase in admissions of severely malnourished people to stabilization centers, with children younger than five most affected.

Responding to this humanitarian emergency requires cross-cutting interventions and APHIAplus NAL, despite not being an emergency-response project, is using its resources, partnerships and creativity to assist where it can (see Annex III, *APHIAplus Northern Arid Lands Responses to the Drought*). However, nutrition interventions obviously take on added significance in this context.

Nutrition activities cut across many of the interventions supported by the Project, ranging from MCH/FP/RH, TB/HIV and HIV and AIDS in MNCH/FP. APHIAplus NAL supported OJT, CMEs, TA and supportive supervision, including nutrition education, in facility-based services and outreaches in each of the sub-regions.

The Project supported and worked through District Health Stakeholder Forums and District Steering Groups to ensure that its interventions were coordinated and complimentary to other partners. Vitamin A supplementation, as noted above, surpassed targets through support to the MOH during the Malezi Bora campaign in all three sub-regions. Malezi Bora activities also included nutrition screening, nutrition counseling and promotion of exclusive breastfeeding.

Linkages were made with emergency relief partners to channel resources through health facilities and outreaches, targeting mothers, infants and under-fives. Provincial and district teams were provided with logistical and technical support to strengthen nutrition surveillance during support supervision.



Supplemental feeding (supported by IMC) at West Gate dispensary, Samburu East

As needed, the Project negotiated for decentralization of FBP services, for example from Maralal to Samburu North and East, and supported assessment of district hospitals for readiness of the Baby-Friendly Hospital Initiative (e.g., Isiolo, Moyale and Marsabit). Nutrition service provision was enhanced through technical assistance on OJT for service providers at CCCs, MCH and TB treatment centers.

Data quality is important for nutrition as well as other program areas. In Turkana, data quality assessment OJT's were conducted for the Child Health and Nutrition Information System (CHANIS) and vitamin A reporting and data generation.

Challenges and recommendations

- Some newly established districts do not have a nutritionist and therefore rely on a "mother district" for support. The Project has prioritized recruitment of Nutritionists and other supporting cadres required to support provision of quality nutrition services per the district priority HRH needs, in collaboration with the Capacity Project.

Activities planned for the next quarter

- Enhance targeted outreaches in pastoral communities for Vitamin A supplementation and establish strategic partners working on nutrition programs for effective nutrition linkages to Project clients. Strengthen nutrition support for the malnourished and PLHIV through OJT, CMEs and support supervision.
- Provide MUAC tapes to CHWs and PEs.
- Liaise with the Ministry of Agriculture and MOH to explore the possibilities of alternative sources of food like kitchen gardening.
- Strengthen the nutritional skills for CHWs to detect cases, conduct MUAC assessment, and promote proper diets.
- Integrate nutrition in school health programs.
- Participate in district nutrition stakeholders forums.

RESULT 4 – Social Determinants of Health Addressed to Improve the Well-Being of Targeted Communities and Populations

4.1 Marginalized poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs

The Project supported a variety of household economic strengthening initiatives during the quarter, including:

- kitchen or community gardens in Lodwar, Marsabit and Isiolo (see Annex V *Success Stories: Community Gardens for Economic Strengthening*)
- linking of PLHIV and OVC in NEP/TR to micro-finance institutions for access to low-interest credit facilities
- linking PTCs in NEP/TR and UES to GOK assistance, including funding, contributions-in-kind (such as food) and training
- linking PLHIV and OVC care givers to Savings and Internal Lending Communities (SILC) in UES
- training LIPs working with OVC in Upper Eastern on how to carry out the Child Status Index assessment; a work-plan was drawn to ensure this activity is conducted in the subsequent quarter.

4.2 Improved food security and nutrition for OVC, PLHIV, pregnant women and TB patients

- APHIAplus NAL collaborated with the Nutrition and HIV Project (NHP) to decentralize FBP services to satellite sites in each of the three sub-regions. This included logistical support and OJT for CCC, MCH and TB clinical staff (including CHWs and social workers).
- In NEP/TR, the Project collaborated with Red Cross, WFP, Save the Children and UNICEF to assist OVC households with monthly food rations. The Project works with and through MOH, with CHWs doing nutritional assessments and making referrals as needed.
- In Turkana, the Project oriented CHWs on nutritional issues and how to conduct MUAC assessments (photo on right is of a nutrition education talk given by a CHW to a PLHIV group in Lodwar).
- APHIAplus NAL linked over 6000 OVC and care givers in Isiolo, Marsabit, Moyale and Sololo to food rations distributed by World Vision, Catholic Agency For Overseas Development (CAFOD) and GoK.
- Promoted the development of kitchen and community gardens, as noted above.



4.3 Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs

Initiatives supported by APHIAplus NAL during the quarter included:

- Payment of school fees and ECD levies in Garissa and Ijara
- 10 water tanks purchased in NEP/TR to improve hygiene and improve retention
- Provision of school uniforms for OVC in Mandera
- Supported access to education and vocational training for 10,063 OVC in UES
- Facilitated payment of nursery school levies for 734 nursery school-going OVC and for 25 OVC in vocational schools in Isiolo County
- Distribution of scholastic materials including home diaries, pencils, colored crayons, pens, sharpeners, exercise books to 2,553 OVC in UES

4.4 Increased access to safe water, sanitation and improved hygiene

- The Project supported infection prevention and medical waste disposal initiatives through supportive supervision, OJT and other related TA on instrument processing, medical waste segregation and disposal.
- The Project initiated the process of integrating hygiene education into school health programs in consultations with the Public Health Department and Ministry of Education.
- The Project distributed IEC materials through HCM on safe water to 19 schools in Garissa district.
- Linked Water Users Associations and Facility Management Committees to improve supply of water to selected health facilities.
- Community sensitized on importance of waste management through community health workers.
- Supported provision of water purification (PUR) sachets and demonstration for 100 clients in Marsabit.
- Food for the Hungry, World Vision and Health and Water Foundation are USG-funded partners with WASH interventions in UES. The Project is in discussion with these partners to identify how their efforts can benefit the Project's facility and community-based work.
- The Project supported hygiene education sessions in 96 schools in UES.
- In Turkana, the Project in partnership with MOH Public Health Officer was able to demonstrate to CHWs in Lokori how to use water filters. The same partnership enabled distribution of water filters to Nakwamoru primary school.
- Water treatment and testing kits were also distributed to CHWs in Lokori.



A sample of a household latrine in Merti supported by UNICEF/MOPHS

4.5 Strengthened systems, structures and services for marginalized, poor and underserved

- In UES, sensitized 10,141 OVC and 1,000 caregivers on child rights and utilized these caregivers in turn to sensitize families and other community groups through schools and public health and administration Barazas.
- APHIAplus NAL supports Area Advisory Committees and Locational OVC Committees across the three sub-regions.
- In Tana River, the Project is supporting and working through Social Workers. Social Workers work with Locational OVC Committees in each administrative location and village CHWs in identification of OVC, carrying out needs assessments, provision of support and routine monitoring of beneficiaries. They supervise a team of CHWs identified by Locational OVC Committees and trained by the Project. The CHWs are linked and introduced to the nearest health facilities for easy referral of clients to various services.
- In NEP, the Project is working to provide waivers for OVC seeking health services in GOK facilities. This is done by facilitating discussions between Locational OVC Committees and Facility Management Committees to discuss how community-based OVC can access health care services. In each facility the special healthcare and nutritional needs of the OVC are discussed, including barriers (e.g. lack of information on the existing services, especially nutritional) and ways of mitigating the barriers. Lists of eligible OVC are shared with health facility staff in order to help them identify those OVC whom the Project supports.
- Quality improvement and CSI learning session was conducted with support from the Department Of Children Services and URC-HCI (University Research Company/Health Care Improvement) in Garissa.
- The project facilitated the acquisition of birth certificates for OVC in UES and NEP/TR.
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Table 8:Support for OVC

Indicators	NEP/TR	UES
# of eligible adults and children provided with a minimum of one care service	11,302	14,237
# of OVC enrolled in ECD program through APHIAplus referrals	725	734
# of OVC assisted by the project to obtain legal birth certificate	364	0
Training of care givers	30	1,131
Nutrition linkage support	150	12,466

4.6 Expanded social mobilization for health

- The Project supported women health forums in NEP to sensitize and mobilize women of reproductive age for health services utilization. They were sensitized to promote utilization of ANC, skilled deliveries and PMTCT services in Mbalambala, Habaswein, Bute, Banisa and Rhamu in small groups of 25.
- APHIAplus NAL initiated discussions with various religious leaders in all three sub-regions towards advocacy for the reduction of HIV/AIDS related stigma and improved MNCH access. Sensitization meetings have been planned for the next quarter.
- The Project mobilized remote communities through CHWs to access HCT, PMTCT and MNCH services at integrated outreach sites and to follow-up the same services at the facilities that provided integrated mobile outreaches.
- In Turkana, APHIAplus Northern Arid Lands met with opinion leaders to introduce them to the Project and to engage them in dialogue. Many leaders were frankly skeptical - being a hardship area, Turkana has had its fair share of interventions by non-governmental organizations. Dialogue therefore required tact and respect for local knowledge and experience. The Project strengthened interactions with the community by conducting several stakeholders' consultative meetings within the various divisions. These meetings were aimed at establishing existing infrastructure, seeking possibility of partnerships and linkages while setting stage for ownership and sustainability of interventions. Stakeholders meetings were conducted at Turkana East, South and North districts. These meetings brought on board religious leaders, youth leaders, GOK ministries, civic leaders, women representatives and CSOs.



Meeting with community leaders in Turkana South

Challenges and recommendations

- Social cultural norms, e.g. male dominance, negatively impact on health seeking behavior. Use existing opportunities (CHWs, peer educators, youth leaders, RLs and FMCs) to change social norms.
- Drought continues to suppress all the gains made in HES. However, efforts are in place to give technical support to FOGees in identifying more evidence based approaches to HES with key focus on market access. An IGA rapid assessment tool is currently being designed.
- Roll out of the new FOG mechanism initially slowed down implementation/provision of services to OVCs. However, this mechanism has been fully understood and accepted by the LIPs as an important strategy towards achieving greater outcomes and attaching specific resources to specific outputs.
- Prolonged drought leading to loss of most animals, the source of livelihood for the pastoralism and chronic water shortage. Advocate for GoK and partners effort to invest in sustainable economic and food security initiatives in the region to help lift up the livelihood of the communities.
- Retrogressive cultural beliefs and practices that deny especially female OVC equal opportunity to access education. Such as early (often forced) marriage for girls and livestock tending for young boys. Advocate for programs that give special attention to addressing girls' vulnerability and the disproportionate levels of risk they face when leaving school at an early age without leaving vulnerable boys out, too.

Activities planned for the next quarter

- Support establishment of water storage facilities for health facilities through targeted linkages.
- Support integration of hand-washing and hygiene demonstration areas in ORT centers to promote hygiene.
- Continue to link Water Users Associations to FMCs to facilitate water supply to facilities.

- Establish hand washing facilities in priority schools.
- Support existing community units to promote hygiene and sanitation.
- Strengthen linkage of OVC/PTC groups to other partners providing nutritional services.
- Training of OVC caregivers/CHWs to conduct MUAC assessments
- Support the referral and linkage of OVC to access FBP services.
- Linking of community OVC to health care and nutritional support in GOK health facilities through provision of waivers.
- Obtaining legal documentation for persons in NEP is an issue because of the presence of refugees – obtaining birth certificates for OVC is a very long and cumbersome process.
- Conduct women health forums to scale-up utilization of health services (ANC, PMTCT, skilled deliveries, child spacing methods, immunization).
- Adopt the HES rapid assessment tool and apply it to the work of the current OVC/HBC LIPs for continued improvement of services.
- Through linkages with partners, explore the feasibility of supporting communal nutritional mini-projects through the adoption of green houses for areas with good fertile soils and some water in Marsabit and Isiolo counties.
- Continue to provide short-term, direct assistance to subsidize school-related costs (e.g., fees, books, uniforms) or to leverage cost-avoidance programs that lead to broader school access and completion and complement a long-term strategy for sustainability

IV. CONTRIBUTION TO HEALTH SYSTEMS STRENGTHENING

a) Description of the work plan status

- The Project facilitated the identification of health system strengthening needs and supported the MoH to implement selected interventions. Needs identified include: HRH; health financing (through AOP budgeting process); equipment; infrastructure; and, HIS strengthening. Those yet to be addressed and that need to be linked up to the national mechanisms include: leadership and governance, access to essential medicines, and health commodities.
- The project made several partnership building visits and meetings with the provincial directors of health, provincial directors of education and children for Eastern and Rift Valley. It held training on leadership development for its senior managers in readiness for project rollout. The project held discussions that led to on-going partnerships for performance based financing by the World Bank in Samburu County and agreement with the HCSM project on co-location of a technical officer in Isiolo.

b) Strategic Approaches

- Service delivery baseline assessments both at the facility and community level coupled with health systems strengthening gaps analysis.
- Use of evidence-based interventions in programming.
- Development and disbursement of monthly district health financing resource envelopes in the Project-supported districts to support the implementation of the AOP 6/7 activities.
- Active engagement of the DHMTs in strengthening DHSFs as key resource mobilization vehicles to address AOP financing gaps.
- Supporting the DHMTs/HMTs supportive supervision for district and rural facilities and in planning and executing integrated outreaches.

- Supporting monthly facility in-charges data dissemination meetings that incorporate CMEs, TA and OJT to address various priority staff capacity and service quality gaps.
- Supporting hospital interdepartmental meetings and technical collaborative meetings aimed at skills and knowledge transfer and development of smart solutions to complex challenges.
- Supporting PHMTs to provide facilitative supervision for the national Malezi Bora campaign.
- Focusing on and strategic involvement of MARPs and community opinion shapers in prevention interventions.
- Dissemination of the MoH service charters during community trainings and sensitization meetings to help in enhancing community awareness and confidence in demanding for quality and affordable services.
- Strengthening linkage between the communities and facilities through CHWs refresher training and CHCs orientation meetings with in the two CUs supported by the project.

c) Systems strengthening activities

- Because of the district resource envelope planning and budgeting process, the DHMTs now meet monthly, resulting in increased positive response to emerging district needs.
- Service delivery has become nearer to nomadic communities due to integrated outreaches conducted in various districts.
- Community involvement due to the formation of MDR committees at the facility level.
- Timely, quality and consistent, submission of data from facility to district, to provincial and national levels because of the values added by the monthly facility I/Cs data dissemination/OJT meetings.
- Quality and performance improvement in service delivery due to consistent support supervision from the DHMTs to the facilities.
- Enhanced collaboration of partners and improved resources sharing among the partners for the implementation of AOP 6/7 activities and gaps addressed efficiently due to the increasingly effective quarterly DHSFs.
- Increased service uptake in core AOP indicators due to the OJT/CMEs provided to the districts and facility staff.
- Quality and performance improvement at the district level due to quarterly support supervision from the PHMTs and project technical staff. Improved achievements on the AOP6/7 due to biannual review of AOPs supported by the project.
- Improved performance management of facilities/ staff performance through monthly AOP reviews of facility performance and brainstorming of solutions to improve performance.
- Distribution of new policy guidelines and SOPs resulting in increased job knowledge, improved staff performance and service quality.
- Improved commodities/drug delivery times to the facilities due to the logistical support provided.
- Reduced stock-out of commodities due to the OJTs/TA provided to facility I/Cs on commodity stocks management.
- Increased collaboration with partners in the procurement and delivery of health commodities, services and information. Examples include with PSI for BCP resulting in stigma reduction at community level; with World Bank for Performance-Based Financing services, with World Vision/Kenya for nutrition commodities support, with SCMS for health equipment; etc.
- Strengthened CMEs at the district level that are held on weekly basis and are used for updating staff on new information and guidelines.

d) Linkages with national mechanisms and other programs

- Linked facilities to SCMS for supply of commodities for HTC commodities and Maralal district hospital for the delivery of a hematology machine.
- Collaborated with the Nutrition and HIV Project to decentralize FBP services to satellite sites in each of the three sub-regions.
- Linked the region to Capacity Kenya for HRH needs, now processing 30 staff priority slots.
- Collaborated with Nyanza Reproductive Health Services to train VMMC clinical teams in Turkana.
- Linked and collaborated with other partners in the implementation of activities in various districts including; linking of Samburu County to PSI for training in BCP and supply of BCP to their 7 high volume ARV facilities, Garbatula DH for iron supplementation by ACF, Moyale district to WVK for HBC support to 50 Households,
- Linked Marsabit south facilities to UNICEF for ORT corner establishment and ORT corner supplies.
- The Project solicited support of Food for the Hungry, International Medical Corps, World Vision and the Health and Water Foundation for WASH components in the upcoming schools health program.
- The Project linked PLHIV to the Office of the President for accessing food in various districts.

V. MONITORING AND EVALUATION ACTIVITIES

a) Key observations on performance

- The project was able to revise and distribute the community prevention tools that conform with the new Evidence Based Interventions (EBIs) and was thus able to report on these areas within the reporting period. The revision and distribution of these tools coincided with the absorption and orientation of new CHWs in Ijara, Fafi and Turkana districts.
- Support to district-level data feedback sessions that focused on AOP 6/7 performance was accorded to 6 out of a possible 11 districts in NEP and 1 district in Turkana County. Whereas these data dissemination initiatives have become institutionalized in NEP, they are non-existent in the other NAL geographical areas and APHIAplus NAL, together with other stakeholders, have begun consultations that will see this activity rolled-out in the other new districts of operation.
- The three regional offices, Isiolo, Garissa and Turkana, ensure that data-related issues are decentralized and unique approaches are applied contextually. This statement is true especially in terms of how data is collected by the numerous faith-based facilities in Turkana and parts of Upper Eastern. During the quarter, the Project begun an ambitious initiative to introduce and train faith-based health facility personnel on the GOK reporting tools.
- The Project supported all the DHRIOs in the NAL zone with relevant filing material that will ensure that district data is stored in a systematic manner and can be archived with ease. This is the first phase of a data management plan that will ensure that random data quality audits achieve desired results.
- In Turkana, the project conducted a Household Vulnerability Assessment, whose result is expected to influence the development of an economic strengthening strategy by the project.
- All the LIPs working with OVC in Upper Eastern were trained on how to carry out the Child Status Index assessment and a work-plan was drawn to ensure this activity is conducted in the subsequent quarter.

- The project participated in the recently concluded training of health resource personnel as TOTs to be utilized to train health workers on the use of the newly introduced HIV registers and reporting tools.
- Engagement of health facilities by the regional data managers established gaps in registers and reporting tools which the project ensured were sourced from the relevant departments and distributed accordingly. This resulted in improved reporting, especially for Tana Delta, after the project facilitated the distribution and training of appropriate personnel on the use of critical MNCH registers and reporting tools. As a result, the Project was able to report on MNCH indicators drawn from the region within the reporting period.

b) Challenges

- The uncoordinated roll-out of the newly introduced HIV registers and reporting tools will pose a big challenge considering that different regions are at different stages of the roll-out.
- The continued absence of the national mechanism for training means that the recommended residential training of health personnel on the newly developed tools may have to delay the utilization of these tools.
- Consensus on the most appropriate EBIs for prevention work is yet to be agreed upon, especially for hard-to-reach populations such as the ones the project work with. As such developing robust reporting tools for these activities is posing to be a challenge.

c) Planned activities for the next quarter (July – Sept. 2011)

- The project plans to conduct an orientation session to the newly engaged FOGs on the use of GoK MOH tools for service delivery to ensure standardized reporting is achieved.
- Support quarterly district-level data performance feedback that includes the AOP6/7 review and progress on facilities and community level interventions.
- Conduct regular DQAs for community and facility interventions.
- Provide technical support to FOGs/LIPs on routine data management operations.
- Support distribution and OJT on the newly introduced HIV registers and reporting tools to health facility personnel.

VI. ENVIRONMENTAL COMPLIANCE

APHI*Aplus* Northern Arid Lands
Cooperative Agreement # 623-A-00-07-00023-00
May 14, 2007 – May 13, 2012

Environmental Mitigation and Monitoring Report

Bi-lateral health activities funded through the USAID/Kenya Mission fall under the Environmental Threshold Decision designated at the Strategic Objective level. *APHIAplus* Northern Arid Lands (NAL) will take necessary mitigation measures and will utilize the appropriate forms for screening activities for potential environmental impacts and for monitoring compliance with determinations as set forth in the Initial Environmental Examination (IEE) of the USAID/Kenya Office of Population and Health Portfolio (SO3).

Several project activity categories are excluded from initial environmental examination as no environmental impacts are expected as a result of these activities. These include: education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); analyses, studies or research workshops and meetings; activities involving document and information transfers; programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.); and studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning. However, if any topic associated with these activities inherently affects the environment and the Project will ensure that relevant information for mitigation is provided.

The SO3 IEE determined that certain SO3 activities have potential for negative impact on the environment in the following categories:

- 1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs;
- 2) Generation, storage and disposal of hazardous or highly hazardous medical waste, e.g. blood testing in VCT centers, STI/HIV testing, blood for malaria and anemia, and laboratory-related activities;
- 3) Small-Scale construction/rehabilitation of health facilities;
- 4) Small-Scale water and sanitation activities;
- 5) Small-Scale agricultural sector activities; and
- 6) Use of pesticides (i.e., specific long-lasting insecticide treated bed nets)

This annual environmental mitigation and monitoring report (EMMR) primarily addresses these activities as applicable and forms a part of the *APHIAplus* NAL Workplan. The EMMR is divided into three sections:

1. Environmental Verification Form
2. Mitigation Plan for specific environmental threats
3. Reporting Form

The Project will also cooperate with the USAID AOTR to undertake field visits and consultations to jointly assess the environmental impacts of ongoing activities and the effectiveness of associated mitigation and monitoring plans. Subgrantee activities are within the scope of the activities listed in this EMMR; any USAID/Kenya funds transferred by Pathfinder through grants or other mechanisms to other organizations under the Project will therefore incorporate this EMMR.

Part I: Environmental Verification Form

USAID/Kenya Award Name: APHIAplus Northern Arid Lands

Name of Prime Implementing Organization: Pathfinder International

Name of Sub-Awardee Organization (if this EMMR is for a sub): N/A

Geographic Location of USAID-funded activities (Province, District): all districts of USAID APHIAplus Northern Arid Lands

Date of Screening:

Funding Period for this Award: May 14, 2007 – May 13, 2012

Current FY Resource Levels: FY \$10,371,657

This report prepared by:

Name: David Adriance **Date:** 14 June 2011

Indicate which activities your organization is implementing under SO3 funding.

	Key Elements of Program/Activities Implemented	Yes	No
1	<ul style="list-style-type: none">• Education, technical assistance or training• Analysis, studies, academic or research workshops and meetings• Documents and information transfer• Programs involving health care, or family planning services except where directly affecting the environment• Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning	X X X X X	
2	Procurement, storage, management and disposal of public health commodities	X	
3	Generation, storage, handling and disposal of hazardous and highly hazardous medical waste	X	
4	Small-scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers	X	
5	Small-scale water and sanitation	X	
6	Small-scale agriculture activities, including but not limited to small crop production, drip irrigation, agriculture, horticulture, poultry and small livestock, and dairy production	X	
7	Use of pesticides	X	
8	Other activities that are not covered by the above categories		

Part II: Mitigation plan for specific environmental threats

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
1. Education, Technical Assistance, or Training etc.	<ul style="list-style-type: none"> Improper disposal of used items like Condoms used during training 	<ul style="list-style-type: none"> Sensitization of Community members on proper disposal 	<ul style="list-style-type: none"> -Service Delivery Advisor, -Outreach Programs Specialist 	Discussions' of Environmental impact included in training and other materials	-Review of Materials Interviews	Quarterly
2. Procurement, Storage, Management and Disposal of Public Health Commodities	<ul style="list-style-type: none"> Improper storage of commodities (HIV test kits, ARVs OI drugs, Contraceptives, condom, nutrition supplements) Improper disposal of commodities, chemicals or expired drugs (ARVs, OI drugs, contraceptives) Improper disposal of packaging materials Improper disposal of used items like Condoms, Test kits etc 	<ul style="list-style-type: none"> Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of drugs and chemical Sensitization on decontamination of waste before disposal 	<ul style="list-style-type: none"> -Service Delivery Advisor - District Facilities Coordinators 	<ul style="list-style-type: none"> -Storage and disposal information intergrated into training curricula -#Continous Medical Education session conducted that address Commodity management (storage and disposal) # Health facilities with pits for disposal of waste # Health facilities with or linked with incinerators 	<ul style="list-style-type: none"> - Review of training curricular - Review project database for CME conducted - Report review of Supervision visits and facility records -Document observations during site visit - Interviews 	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		<ul style="list-style-type: none"> • Facilitation of Sub grantee on disposal of wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide National guidelines on same • Provide linkage of Facilities to incinerators facility available 				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequen cy of monitori ng
3. Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste	<ul style="list-style-type: none"> Medical waste not sorted out for proper handling, effective treatment and disposal methods to be used Medical waste not decontaminated before disposal potentially contaminating water supplies Medical waste disposed in open ground and falling in the wrong hands potentially transmitting diseases Medical waste not incinerated as per set standards 	<ul style="list-style-type: none"> Sensitize Facility in charges to have a written Waste Management plan (<i>Written plan</i>-describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.) Follow up/monitor health facility's waste management plan through on-site TA Train Facility in-charges and health staff on waste separation handling, temporary storage disposal of hazardous medical wastes via CME course 	<ul style="list-style-type: none"> -Service Delivery Advisor - District Facilities Coordinators 	<ul style="list-style-type: none"> # of Health facilities with Waste management plan. # Health facilities with pits for disposal of waste # Health facilities with or linked with incinerators #Continuous CME conducted that address medical waste and disposal prevention 	<ul style="list-style-type: none"> - Site visits including observations and practices and review of facility record - Review of project database of CME conducted - Review of project files on individual health facilities 	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		<ul style="list-style-type: none"> • Sensitization on decontamination of waste before disposal • Facilitation of Sub grantee on disposal of hazardous wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide injection safety container 				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
4. Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers	<ul style="list-style-type: none"> • Ground excavation when laying pipes resulting to removal of natural land cover causing sedimentation of surface water. • Channeling of drainage water into water system degrading water supply • Disposal of construction materials causing damage to aesthetics of the site/area. • Contamination of groundwater and surface water through improper disposal on toxic materials used in construction materials eg paint and solvent • 	<ul style="list-style-type: none"> • Sensitize contractors on environmentally friendly installation • Sensitize contractors on drainage channeling • Sensitize contractors on site rehabilitation • Sensitize contractors to safely dispose hazardous materials.eg Burn waste materials that are not reusable/readily recyclable, do not contain heavy metals and are flammable 	Service Delivery Advisor - District Facilities Coordinators	-renovation checklist Completed for each site #. of renovated sites with rehabilitated environment # of sites with proper drainage management	-Site visits -review of documentation	-At startup, weekly, at handover

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequen cy of monitori ng
5. Small Scale Water and Sanitation	Construction or renovation of handwashing stations, public showers, latrines or wastewater and drainage at health facilities, training centers or IP offices - or renovating surface or groundwater supply systems - results in damage to ecosystem, altered drainage, sedimentation of surface and ground water contamination	--Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Examples include: (1) locate water sources upstream from potential sources of contamination; (2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.	Service Delivery Advisor - District Facilities Coordinators	--Renovations checklist completed for each site --Contractor site plan addressing key points such as use of space, schedule of activities, etc. in place and adhered to --Design approval from GOK authority --Water quality of prescribed standard	--Site visits --Review of documents --Facilitate GOK authorities to conduct water quality tests --Review records of health education topics provided by project Advocates and CHWs in facilities	--At start-up, weekly during renovations , at hand-over
6.Small-Scale Agricultural activities	-Desertification due to over grazing - Drainage and degradation of wetland and riparian areas Reduction of water quality	N/A-Sensitize the project beneficiaries in improvement of grazing management - Vegetate riparian areas to prevent erosion along stream banks - Improve training of farmers in input use, especially chemicals	Outreach Program Specialist -District Community Coordinator	-# of household employing improved grazing husbandry methods -% of riparian areas vegetated #of farmer trained in input use and Chemical use	-Site monitoring visits -Review report	-Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequen cy of monitori ng
7. Use of Pesticides	<p>-Termite control in renovation of facilities noted above (where necessary) is done improperly.</p> <p>-Inappropriate handling or storage of pesticides causing acute or chronic health effects</p> <p>Inappropriate disposal of obsolete pesticides that could contaminate water</p>	Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Sensitize project beneficiaries on integrated pest management control	<p>-Service Delivery Advisor</p> <p>- District Facilities Coordinators</p> <p>Outreach Program Specialist</p> <p>-District Community Coordinator</p>	<p>--Termite control effected as per GOK standards: indicators TBD depending on type of renovation</p> <p>-# of households trained and employing improved pesticide management methods</p>	<p>--Site visits</p> <p>--Contractor records review</p> <p>Site monitoring visits</p>	<p>Once, during pesticide application</p> <p>-Quarterly</p>
8. Other Activities	None	N/A	N/A	N/A	N/A	N/A

Part III: Reporting Form

For the Project Period: May 14, 2007 – May 13, 2012 List each mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
<p><i>Education, technical assistance and training</i> Education, technical assistance and training about activities that inherently affect the environment includes discussion of prevention and mitigation of potential environmental effects</p>	<p>Project continues to ensure that activities that inherently affect environment are supported. In line with the national training curricula, project staff ensures that infection prevention that is integrated in most curricula is covered during all supported trainings. In addition, the project staff in collaboration with PHMTs/DHMTs has continued to provide TA to supported sites. The project has also continued to support continuing medical education in infection prevention, provision of commodities and supplies(disinfectants, decontamination buckets and gloves)</p>	<p>No outstanding issues</p>	<p>Project will continue to incorporate discussion of mitigation within any educational or TA activity of relevance at both facility and community level. In addition, the project will continue to provide infection prevention supplies and commodities and; to support PHMTs/DHMTs to conduct supportive supervision in the province.</p>
<p><i>Procurement, Storage, Management and Disposal of Public Health Commodities</i></p> <ul style="list-style-type: none"> Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of drugs and chemical 	<p>Project continues to support training of services providers in commodity management using national curricula which includes storage and disposal in addition to provision of national guidelines. The project staff continues to provide ongoing TA at supported sites.</p> <p>The project continued supporting the</p>	<p>-Construction or renovation of incinerator where lacking in some facilities</p>	<p>- The project conducted facility assessment in the Upper Eastern, Samburu and Turkana and noted facilities lacking proper waste disposal facilities such as incinerators and is working to link facilities to organizations that can assist in construction or renovation</p> <p>-The project will continue to support the</p>

<ul style="list-style-type: none"> • Sensitization on decontamination of waste before disposal • Facilitation of Sub grantee on disposal of wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide National guidelines on same • Provide linkage of Facilities to incinerators facility available 	<p>PHMT/DHMTs in conducting support supervision and in identifying any gaps in environmental mitigation processes and checking where facility linkages can be done to manage waste disposal were practical.</p>		<p>facilities identify mechanism of disposal of expired drugs.</p>
<p>Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste</p> <ul style="list-style-type: none"> • Sensitize Facility in charges to have a written Waste Management plan (<i>Written plan</i>- describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.) • Follow up/monitor health facility's waste management plan through on-site TA • Train Facility in-charges and health staff on waste separation handling, temporary storage disposal of hazardous medical wastes via CME course • Sensitization on decontamination of waste before disposal 	<p>The project will continue to support CMEs on waste management at facility and district level.</p> <p>Continue to provide waste bins and bin liners of different color codes as stipulated in the national guidelines.</p> <p>Support PHMT/DHMT in supportive supervision to ensure waste management plans are implemented.</p> <p>Support digging of compost pits to facilitate disposal of non bio-hazardous waste.</p> <p>The project will continue to provide injection safety boxes as need arises</p>	<p>Health Care Waste management program checklist and action plan at the supported sites and any new site that the project may expand to.</p> <p>-Provision of injection safety containers</p>	<p>The project in collaboration with DHMTs will continue to assists remaining sites and any new site in completion of waste management program checklist and action plan; to provide waste bins and liners, encourage linkages on transportation and incineration of medical waste; to support CMEs in waste management; monitor and provide onsite TA on waste management; supportive digging of compost pits as applicable; support DHMTs in supportive supervision and establish linkages on transportation of medical waste for incineration from facilities without incinerators to certified incinerators within their regions when practical province.</p>

<ul style="list-style-type: none"> Facilitation of Sub grantee on disposal of hazardous wastes Mainstreaming of universal precaution session on whole site orientation Mainstreaming of universal precaution session in facilitative supervision Provide injection safety container 	<p>The project will support DHMTs in developing action plans on waste management for their respective sites.</p> <p>Supported sites will be supported in completing the minimum checklist and action plan and project staff in collaboration with DHMTs continue to monitor and provide o site TA on waste management.</p> <p>-The project will continue to support CMEs in medical injection safety.</p>		-Project will continue providing injection safety boxes on need basis
<p><i>Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers</i></p> <ul style="list-style-type: none"> Sensitize contractors on environmentally friendly installation Sensitize contractors on drainage channeling Sensitize contractors on site rehabilitation Sensitize contractors to safely dispose hazardous materials.eg Burn waste materials that are not reusable/readily recyclable, do not contain heavy metals and are flammable 	<p>The project has developed a :</p> <ul style="list-style-type: none"> -Standard checklist on environment, health and safety in small construction projects that the contractors have been filling before start of every project -End of job or task environment, health and safety performance evaluation form to be filled by the responsible project staff on completion of every project. 	-Work is ongoing in one of our Sub grantee sites. The project staff will ensure standard checklist is adhered to during the renovation.	The project staff will continue to ensure that the contractors fill the standard checklist before the start of every project and at the completion of every renovation, the said project staff will ensure end of job performance evaluation form is filled.
<p><i>Small Scale Water and Sanitation</i></p> <ul style="list-style-type: none"> Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop 	<p>The project will :</p> <ul style="list-style-type: none"> -Encourage Standard checklist on environment, health and safety in small construction projects the 	-Although the project is not having any renovation works, other partners do and there is need to ensure	-The project staff will continue to ensure that Partners request the contractors fill the standard checklist before the start of every project and at the completion of

<p>checklist to assure this. Examples include:</p> <p>(1) locate water sources upstream from potential sources of contamination;</p> <p>(2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.</p>	<p>contractors have been filling before start of every project handle by other partners in the project area handling social determinates</p> <p>-Ensure end of job or task environment, health and safety performance evaluation form to be filled by the responsible project staff on completion of every project.</p> <p>-The project supports "Malezi Bora"</p>	<p>that environment, health and safety performance evaluation form has been filled and standards adhered to.</p> <p>-Topics on water</p>	<p>every renovation, the said project staff will ensure end of job performance evaluation form is filled.</p> <p>-The project staff will ensure topics on water and sanitation become routine facility based health talks.</p>
<p>Small-Scale Agricultural activities</p> <p>-Sensitize the project beneficiaries in improvement of grazing management</p> <p>- Vegetate riparian areas to prevent erosion along stream banks</p> <p>-</p> <p>Improve training of farmers in input use, especially chemicals</p>	<p>The project will ensure Partners:</p> <p>-providing livestock as part of IGA ensure beneficiaries are follow improved grazing managements</p> <p>- trained on input use to avoid degradation</p> <p>- Project will ensure sub grantee adopt safe farming methods and vegetate riparian areas to prevent erosion along river banks</p>	<p>-Verification that improved grazing management and agricultural practices are being observed.</p>	<p>The project staff will continue to ensure where safe agricultural practices are used.</p>
<p>Use of Pesticides</p> <p>-Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this.</p> <p>-Sensitize project beneficiaries on integrated pest management control</p>	<p>-Although works are ongoing at one sub grantee, there has not been need for use of pesticides.</p> <p>- Project will ensure that Partners provide training on Integrated Pest Management any activities that may require use of pesticides eg. Kitchen and vegetable gardens, livestock IGA etc.</p>	<p>No outstanding issues.</p>	<p>The project staff will continue to ensure where pesticides are used, they are biodegradable.</p>
<p>Other Activities</p> <p>N/A</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>

VII. FINANCIAL REPORT

Name of Partner: **Pathfinder International**

Name of Project: **APHIAplus Northern Arid Lands**

Agreement Number: **623-A-00-07-00023-00**

Total Estimated Cost: **\$27,988,583**

Obligated Funds: **\$20,713,517**

Future Mortgage: **\$7,275,066**

Project Start Date: **5/14/2007**

Project End Date: **5/13/2012**

Financial Status for the period ending: **30 June 2011**

Date Prepared: **13 August 2011**

Funding Source

	PEPFAR	POP	MALARIA	MCH	NUTRITION	TOTAL	Cost Share
A. Obligated Funds to date:	17,623,027	2,680,490	100,000	160,000	150,000	20,713,517	1,800,000
B. Cumulative Expenditures (as of 31/Mar/11):	12,758,456	907,182	100,000	160,000	-	13,925,638	1,392,564
C. Actual expenditures:							
1 April through 30-June-11	787,527	262,509		806,278	18,751	1,875,064	-
D. Accruals for current quarter	-	-	-	-	-	-	-
E. Total Accrued Expenditures (B+C+D) From inception to date:	13,545,983	1,169,691	100,000	966,278	18,751	15,800,702	1,392,564
F. Remaining Balance (Pipeline): (A-E)	4,077,044	1,510,799	-	(806,278)	131,249	4,912,815	407,436
G. Estimated Expenditures for next quarter (ending 30/Sept/11):	1,058,976	352,992	-	1,084,189	25,214	2,521,371	252,137
H. Projected Expenditure for next Quarter plus one quarter Oct-Dec 11:	1,058,976	352,992	-	1,084,189	25,214	2,521,371	252,137
I. Estimated remaining LOP monthly burn rate (after Dec 11):	477,407	438,619	-	649,656	22,127	1,587,809	158,781

Financial Report narrative

The project has spent cumulatively \$15,800,702 or 76% of the total obligated funds. Expenditure against the last obligated amount of \$7,247,661 is \$2,334,846 or 32%. This is expected to increase to \$4,856,217 or 67% in the next coming quarter. A pipeline analysis will be prepared to request for additional funding.

APHIA^{plus} budget had a 43% of MCH funding estimated to total \$5.9M. Per the last modification #7 the total obligated MCH funding was \$160,000. Currently the project expenditure against MCH funds is \$806,278 over the obligated amount. Additional MCH funding obligation will be required to since the projected expenses in the next two quarters total \$2,168,378.

APHIA^{plus} budget was estimated at \$14M for the 16 and half month project duration. During the past six month the project has spent cumulatively \$3.1M or 58% against a six month prorated budget of \$5.3M. This last quarter expenses have started picking up after the initial start up phase and approval of work plan. The process of identifying Sub grantees, vetting them and budget negotiation took longer than anticipated due to the due diligence requirement and approval process. The project anticipates bringing on board new sub grantees especially in the Turkana during the coming quarter. The project is also working to roll out VMMC services in Turkana and also supplies to new OVCs in the NEP and Tana River areas which will increase the expenditure rate. Overall the project expects the project activities to increase in the coming quarters.

The project is on target on cost share have been able to report \$1.4M (77%) out of the required \$1.8M

ANNEXES

ANNEX I

PERFORMANCE MONITORING PLAN

Performance Indicator	Jan-Mar 2011	Apr-June 2011	NAL Total	NAL Target	% Year 1 Target Achieved
GENDER					
# of people reached by an individual, small group or community level intervention that explicitly address norms about masculinity	1,147	1,200	2,347	TBD	
Number of people reached by an individual, small group, or community-level intervention or service that explicitly address Gender-based violence and coercion related to HIV/AIDS	381	1,253	1,634	TBD	
# of people reached by an individual, small group or community level intervention or service that that explicitly address the legal rights and protection of women and girls impacted by HIV/AIDS	381	1,238	1,619	TBD	
# of people reached by an individual, small group or community level intervention or service that that explicitly address aim to increase access to income and productive resources of women and girls impacted by HIV/AIDS	396	1,180	1,576	TBD	
MARP					
# of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	2,391	2,717	5,108	TBD	
PREVENTION WITH POSITIVE (PwP)					
# of (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) intervention	729	1,068	1,797	TBD	
SEXUAL AND OTHER BEHAVIORAL RISK PREVENTION					
# of targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required (OB/C-BAB/C)	1,294	4,810	6,104	TBD	
# of targeted population reached with individual and/or small group level prevention interventions that are primarily focused on abstinence and/or being faithful and are based on based on evidence and/or meet the minimum standards required (AB/F)	6,185	4,934	11,119	TBD	
IR3: Increased use of quality health service, products and information					
COUNSELING AND TESTING					
# of service outlet providing counseling and testing according to national or international standards	91	91	91	162	56%
# of individuals who received testing and counseling services for HIV and received their test results	46,321	56,433	102,754	197,000	52%
HIV/AIDS TREATMENT/ARV SERVICES					
# of clients with advanced HIV infection newly enrolled on ART	242	302	544	2,450	22%
<i>Paed</i>	27	39			

<i>Adults</i>	215	263			
# of clients with advanced HIV infection receiving ART (currently)	3,483	4,614	4,614	6,050	76%
<i>Paed</i>	362	514			
<i>Adults</i>	3,121	4,100			
# of clients with advanced HIV infection who ever started on ART	4,696	5,891	5,891	7,500	79%
<i>Paed</i>	462	680			
<i>Adults</i>	4,234	5,211			
% of adults and children known to be alive and on treatment 12 months after initiation of ART			To be reported next qtr	82%	67%
% of HIV positive persons receiving CD4 screening at least once during the reporting period			To be reported next qtr	70	0%
# of HIV positive persons receiving CTX prophylaxis	421	9,084	9,505	8,300	115%
# of HIV clinically malnourished clients who received therapeutic or supplementary food	61	161	222		TBD
PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)					
# of services outlets providing the minimum package of pmtct services according to national or international standards	412	370	370	398	93%
# of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,286	18,516	38,802	79,000	49%
% of HIV positive pregnant women who received ART to reduce the risk of MTCT	252	289		83	0%
# of HIV positive pregnant women newly enrolled into HIV care and support services	208	164	372	850	44%
# of infants tested for HIV at 6 weeks	48	49	97	680	14%
% of infants born to HIV+ women who received and an HIV test within 18 months of birth			To be reported next qtr	50%	155%
# of HIV exposed infants provided with ARVs prophylaxis	160	107	267	850	31%
PALLIATIVE CARE (EXCLUDING TB/HIV)					
# of individuals provided with HIV related palliative care (excluding TB/HIV)	633	617	1,250	2,800	45%
# of individuals provided with HIV related pediatric palliative care (excluding TB/HIV)	119	92	211	220	96%
PALLIATIVE CARE (INCLUDING TB/HIV)					
% of HIV positive patients who were screened for TB in HIV care or treatment settings			To be reported next qtr	80%	59%
# of HIV positive patients in HIV care or treatment (pre-art or ART) who started TB treatment	111	54	165	520	32%
# of TB patients who received HIV counseling, testing and their test results at USG supported TB outlets	1,040	1,054	2,094	3,500	60%
VMMC					
# of VMMC clients	0	24	24	3,000	1%
MNCH/RH/FP/SI					

# of deliveries performed in a USG supported health facility	6,047	6,998	13,045	10,450	125%
# of ANC visits with skilled providers in USG supported health facilities	37,729	37,753	75,482	79,500	95%
# of children less than 12 months of age who received DPT3 from USG supported programs	9,308	17,084	26,392	86,838	30%
# of children <5 years of age who received vitamin A from USG supported	43,148	122,010	165,158	201,500	82%
# of children receiving measles vaccine	15,221	22,169	37,390	56,000	67%
# of children receiving BCG	16,092	20,455	36,547	79,500	46%
# of cases of child diarrhea treated in USG supported site	26,104	38,625	64,729	TBD	
# of new FP acceptors as a result of USG assistance by FP method	25,808	20,896	46,704	31,250	149%
Pills	2,589	3,395			
Injections	9,483	11,184			
I.U.C.D.	89	87			
Implants	325	280			
Male Sterilization	0	0			
Female Sterilization	8	8			
Condoms	12,242	5,157			
Other	1,072	785			
3.1 increased availability of an integrated package of quality high impact intervention at community and facility levels					
# of services availability of an integrated package vitamin A from usg supported program	33	219	219	49	447%
# of service outlets providing HIV related palliative care (excluding TB/HIC)	97	113	113	196	58%
# of service outlets providing hiv related pediatric palliative care (including TB/HIC)	123	137	137	130	105%
# of service outlets providing PEP	73	89	89	58	153%
% of pregnant women receiving 2 doses of IPT			To be reported next qtr	57	1%
# of service outlets providing clinical prophylaxis and/or treatment for TB to HIV related individual (diagnosed or presumed according to national or international standards)	123	95	95	170	56%
# of USG assisted service delivery points providing FP counseling or services	407	352	352	398	88%
CYP provided through USG supported programs	5,239	4,918	10,157	5,200	195%
# of targeted condoms service outlets	47	176	176	120	147%
# of condom distributed (GOK health seek indicator and standard OP)	120,117	111,663	231,780	24,000	966%
% of district with community IMCI intervention	46	46		78	0%
# SP participating in CME or CE	235	1,361	1,596	330	484%
% of facilities with stock outs of methods	0	0	0	18	0%
# of service outlets with full contraceptive method mix	32	199	199	88	226%

# of mobile units with providing testing	9	9	9	46	20%
# of service outlet with youth friendly services	19	20	20	28	71%
3.2 Increased demand for a integrated package of quality high impact intervention at community and facility					
# of facilities with private counseling areas	29	48	48	25	192%
# of facilities with functioning facility management committee	63	107	107	75	143%
# of functioning Community Units (GOK Heath sector indicators and SOP manual)	0	9	9	6	150%
# communities implementing the CS	0	9	9	6	150%
3.3. Increased adoption of healthy behavior					
% of facilities use data for performance monitoring			To be reported next qtr	80	0%
# of CU using data for DM	7	9	16	TBD	
# of eligible adults and children provided with a minimum of one care service	27,547	31,451	58,998	TBD	
# of local organization and service points provided with technical assistance for strategic information	12	23	35	TBD	
# of local organizations and service points provided with technical assistance for HIV related policy development	0	28	28	TBD	
# of local organizations and service points provided with technical assistance for HIV related institutional capacity building	0	25	25	TBD	
IR4: Social determinant of health addressed to improve the wellbeing of the community, especially marginalized poor and underserved population					
4.1. Marginalized poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs					
# of people actively involved in economic security initiatives through project linkages	11	663	674	1,000	67%
# of PLHIV support groups formed and/or linked to other service as appropriate	15	91	106	16	663%
4.2: Improved food security and nutrition for marginalized poor and underserved population					
# of eligible clients who received food and/or other nutrition services	3,249	5,436	8,685	10,000	87%
4.3: Marginalized poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education program					
# of schools supported by child friendly program	0	10	10	210	5%
# of youth trained in life skills	0	1,588	1,588	15,500	10%
# of OVC enrolled in ECD program through APHIAplus referrals	153	1,359	1,512	3,200	47%
4.4: Increased access to safe water, sanitation and improved hygiene					
# of water and/or sanitation projects established in project supported facilities through linkages with usg funded WSS project	1	20	21	80	26%
# of organization and outlets selling POU and SW project through linkages with HCM project	5	0	5	90	6%

# of hygiene sessions held at schools	0	327	327	420	78%
4.5 Strengthening systems, structures and services for protection of marginalized poor and underserved population					
# of OVC assisted by the project to obtain legal birth certificate	0	364	364	7,000	5%
# of VHH identified and referred to services	0	217	217	1,450	15%
4.6 Expanded social mobilization for health					
# of RL who are advocating for reduced stigma and improved MNCH	3	46	49	11	445%

ANNEX II

WORK PLAN STATUS MATRIX

AOP Activity Ref:	Indicator Ref:	Output:	Source (Ministry/Other):	Planned Activities:	Activity Status	Reason for Variance	Action Plan
Project Management and Administration							
Monitoring and Evaluation							
	48	29 Districts supported to hold 6 district level data dissemination meetings		Support quarterly district level data dissemination feedback meetings including AOP 6/7 performance review	This activity is on-going and all the Districts within the NAL region are expected to have dissemination sessions in the current quarter.		
		At least 15,000 OVCs have their profiles stored electronically		Facilitate electronic storage of the OVC profiles	This plan is on course with about 5,000 OVC		

					photo's and all OVC enrolled have their profiles electronically stored lose to		
		80% of health facilities in NAL region conduct DQAs		Conduct Data Quality Assessments for community and facility interventions	On-going		
	48	100% of health facilities in NAL conduct data/HMIS supportive supervision		Conduct data/HMIS supportive supervision for health facilities	On-going		
		29 DHRIOs oriented on NGIs		Support orientation for DHRIOs on PEPFAR's Next Generation Indicators	Completed successfully		
	48	29 DHRIOs and 29 DASCOS oriented on data cleaning for HCT data		Provide technical assistance on data management related to HCT rapid results initiative	Completed successfully		
		100% of CU's have community monitoring tools		Revise and distribute community monitoring tools based on NGI	Revision of certain tools completed and distributed		

Result Area 3: Increased use of quality health services, products and information							
Intermediate Result 3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility levels							
Expected Outcomes:							
		1 facility assessment tool developed/adapted		Develop/adapt a facility assessment tool for use during a joint comprehensive facility assessment	Completed		
		1 Facility assessment report		Joint facility assessment of high volume facilities in Upper Eastern and Samburu, Turkana and Tana River to identify needs in terms of training, infrastructure, equipment and supplies	Completed		
				Communicate district-level resource envelopes to MOH for informing AOP planning	Completed		
Counseling and Testing							
AOP Cohort 5 and 6		120 facilities conducting and reporting on PITC		Support PITC/DTC through facilitative supervision and quality improvement approaches	On-going and targets expected to be surpassed		
	46	50 additional VCT sites identified		Identify additional VCT sites or rooms and link them with the national renovation mechanism	Not done	Expected coordination with the national mechanisms initiatives on renovations and Training	

Palliative Care TB/HIV							
				Improve HIV/TB data management through OJT and quarterly data audit	On-going		
				Facilitate TB/HIV quarterly meetings through provision of TA and secretariat services	On-going		
	40; 34	45 CCCs reporting on FP integration		CCC's will be supported to assess PLHIV for FP needs and offer contraception or safer pregnancy counseling including referral for Family Planning services	On-going	Tools to capture integration required	
	50; C.1.1.D/N	TBD		Support facilities to ensure PLHIV receive a minimum care package through assessment of partner status and provision of partner counseling and testing or referral	On-going		
HIV and AIDS Treatment/ ARV Services							
AOP Cohort 5 and 6	27	30 new sites offering and reporting on ART services		Continued scale up of ART services by increasing the # of sites by 10 in each sub-region through provision of TA, QI and linkages	Not Done	Delayed training of health workers to expand sites offering ART services	Scale-up of CD4 lab networking in all sites providing CT and establishment of satellite sites initiating ARTs enabled the project commence 9 satellite sites

		2,000 blood samples analyzed for CD4 and 1200 DBS samples tested through lab networking		Logistical support for the transportation of CD4 and EID specimens	On-going		
	12; 13	550 DBS samples analyzed and results availed		Conduct OJT and support referral of specimens to KEMRI/AMPATH labs to improve Early Infant Diagnosis	On-going		
	14	150 infants initiated on ART		Improve pediatric HIV treatment through linkage of EID results to index (mother) results to ensure timely ART initiation	On-going		
	27	1,450 adults and infants initiated on treatment		Support the provision of ART services through re-distribution of ARVs, test kits and other related supplies and distribution of guidelines to new sites	On-going		
				Support ART data reconstruction and OJT in PGH and district hospitals	On-going		
North Eastern Province and Tana River							
	40	6 health facilities report on successful integration of MCH and ART		Integration of MCH and ART services into TB centers (6 centers in NEP/TR)			

		services into TB centers					
				Support the strengthening of CD4 lab networking in Tana River through TA, specimen transport and linkages to Garissa PGH for facilities in Tana River district (in coordination with Coast PHMT)			
	57; C5.1.D; 8; C2.3.D			Scale-up FBP sites in Mandera and Masalani by facilitating linkages btw PTCs and CCC in coordination with NHP			
				Support 20 HIV care satellite sites to offer minimum care package including cotrimoxazole prophylaxis, multivitamins, baseline lab assessment and WHO staging			
Condoms and Other Prevention Activities							
North Eastern Province and Tana River							
				Identification of high-risk behaviors, places and populations, particularly in Tana River	Completed		
AOP Cohort 5 and 6	36; P8.4.D	20 condom outlets established and reporting		Establish 20 condom outlets around hotspots	Completed and target surpassed		
	43			Increase the number of mobile outreaches providing counseling	On-going		

				and testing			
	43			Continued support and scale up of monthly mobile, moonlight and house-to-house VCT outreaches in urban centers	On-going		
				<i>Expand worksite MARP peer educators program</i>			
	20; P8.1.D			Support worksite PE to conduct awareness sessions targeting individuals/ small groups (MARPs) on relevant thematic areas	On-going		
Turkana							
				<i>VMMC</i>			
				Participate in and provide secretariat support to a Turkana County VMMC task force led by the MOH	on-going		
				Two staff dedicated VMMC clinical teams in Turkana North and Turkana South, with recruitment assistance from Capacity Project, and provide with necessary equipment and supplies.	on-going		
	P5.1.D; 50; C1.1.D/N			Ensure the provision of the minimum package of services for VMMC, including integration of HIV CT and risk reduction counseling, by the dedicated VMMC clinical teams	on-going		

				CHWs conduct community mobilization events on VMMC in coordination with VMMC service provision by dedicated clinical teams	on-going		
Prevention of Mother-to-Child Transmission							
AOP Cohort 5 and 6	28	398 health facilities in NAL offer at least dual prophylaxis for PMTCT		Support the provision of comprehensive PMTCT services by proving TA to the DHMT to ensure supply of dual prophylaxis in all facilities offering PMTCT	On-going and on course to achieve target with NEP having 140 facilities with dual prophylaxis		
	66; 22			Through involvement of religious leaders and other community gate keepers, community mobilization for early ANC attendance to be supported in the three sub-regions	On-going		
	12; 13			Expanded EID and HIV-exposed infant follow-up, enrollment of infected babies into care and treatment through active case finding, provision of guidelines, posters and EID materials	On-going		
		600 men counseled and tested within the PMTCT setting		Encourage male involvement in PMTCT through couple counseling, and service promotion through local media (FM stations)	On-going and target expected to be surpassed		
North Eastern Province and Tana River							

	28	40 new sites in Tana River reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (40 sites Tana River County)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
Turkana							
	28	20 new sites in Turkana reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (20 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
Upper Eastern and Samburu							
	28	50 new sites in Upper Eastern reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (50 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
Maternal Health							
AOP Cohort 1	21	10,450 mothers deliver through skilled attendants		Increase skilled deliveries through provision of EOC packages, guidelines and supervision, as well as OJT/CME for health providers on FANC and other relevant topics	On-going		

AOP Cohort 1		79,500 women attending at least 4 ANC visits		Support mother child clinics and other CBO-run health facilities through TA and supervision	On-going		
Newborn and Child Health							
AOP Cohort 1	23	Measles-56,000, DPT3-51,000, BCG-79,500		Improved immunization coverage through facilitating implementation of the reach every district (RED) strategy by supporting integrated outreach, defaulter tracing	On-going with key targets surpassed		
	24	207,500 children under 5 years supplied with vitamin A		Support DNOs to conduct growth monitoring, deworming, Vitamin A supplementation in ECD centers	On-going		
		Number of cases of child diarrhea treated in USG supported site		Supportive supervision and guidance to SPs for training mothers on how to make ORS at home	On-going		
AOP Cohort 1				Facilitate the distribution of LLTN to pregnant women and under 5s in selected sites	On-going		
AOP Cohort 2	1; P11.1.D			Support PITC for sick children esp. in pediatric wards and outpatient (MCH) departments	On-going		
FP/RH							
AOP Cohort 1				Conduct performance improvement/quality improvement monitoring of Contraceptive Technology Update	On-going		

				trainees as part of routine support supervision			
Upper Eastern and Samburu							
	8; C2.3.D; 57; C5.1.D			Establish a relief food distribution system targeting PLHIV in Maralal, building the capacity of local partners to implement, monitor and report effectively	on-going		
				Facilitate nutrition and HIV OJT in Isiolo DH for all CCC, MCH and TB clinical staff (include social workers)	on-going		
	8; C2.3.D			Decentralize NACS/FBP services to 2-3 satellite sites (OJT, distribution of food commodities to the sites and facilitate in availing satellite reports to the Isiolo DH on a monthly basis).	on-going		
Adolescent SRH							
	44			Support the implementation of Youth Friendly Service in provincial and district hospitals through refurbishment and furnishing (linkages with G-Youth and others)	On-going		
Malaria							
				Distribution of LLITN in high-risk zones (target pregnant women and under 5 children)	On-going		

				Support the provisions of ACTs, RDTs through TA, linkages and supervision			
				CHWs mobilize communities near high volume facilities as well as conduct outreach in coordination with PHC outreach			
Water and Sanitation							
AOP Cohort 3	61			Increase the number of health facilities and schools that initiate and complete water and /or sanitation projects as a result of linkages made to USG-funded WSS projects	On-going		
	61			Increase the number of facilities with infection prevention and waste disposal systems through linkages and TA	On-going		
Intermediate Result 3.2: Increased demand for an integrated package of high impact interventions at community and facility levels							
Expected Outcomes:							
CHW Outreach Activities/ Community Strategy							
North Eastern Province and Tana River							
	45			Hold consultative review meeting with DHMTs on ongoing community strategy in Ijara and Garissa districts	On-going		
	26; 45			Facilitate provision of CU support logistics (reporting tools, registers and chalk boards) to all functional	On-going		

				CUs			
Intermediate Result 3.3: Increased adoption of healthy behaviors							
Expected Outcomes:							
North Eastern Province and Tana River							
				Review Jipange program evaluation to determine risky behavior in secondary schools, scale up/rollout to 20 additional schools as a basis for evidence based programming	On-going		
	59			Identify/replace 50 out-of-school youth leaders for life skills training for Jipange and Chill program	On-going		
Intermediate Result 3.4: Increased program effectiveness through innovative approaches							
Expected Outcomes:							
Integrated mobile and other outreach services to reach MARPs, women, girls and hard to reach populations to bring care closer to the client (these activities are also reported under IR 3.1 and 3.2)							
	43			Increase the number of mobile outreaches providing counseling and testing	On-going		
				Support prevention outreach among MARPs including targeted BCC	On-going		
				Support HCT targeting MARPs	On-going		
	21			CHW outreach to include safe motherhood, development of birth plans, danger signs and refer for skilled delivery	On-going		

AOP Cohort 2	24; 8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going		
AOP Cohort 2	8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going and target expected to be surpassed		
Result Area 4: Social determinants of health addressed to improve the well being of the community, especially marginalized, poor and underserved populations							
Intermediate Result 4.1: Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs							
Expected Outcomes:							
	56			Link PLHIV to partners providing services / social safety nets (IGA, BCC, credit facilities)	On-going		
Intermediate Result 4.2: Improved food security and nutrition for marginalized, poor and underserved populations							
Expected Outcomes:							
Improved food security and nutrition for PLHIV							
	8; C2.3.D; 57; C5.1.D			Support CHWs to conduct nutrition screening to HBC clients and link them to food security programs	On-going		
				Support the referral and linkage of PLHIV to FBP services	On-going		
				Facilitate linkages between PTCs, CBOs and NHP support	On-going		
Improved food and nutrition for pregnant women and TB patients							

	57; C5.1.D			Refer eligible pregnant & lactating mothers, TB patients to food supplementation initiatives	On-going		
Intermediate Result 4.3: Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs							
Expected Outcomes:							
	58			Identification of schools to support child friendly activities			
				Train teachers and AACs on child rights, protection and participation, stimulative classrooms and child friendly environment			
	58			Support and establish child friendly services in targeted schools through provision leaning equipment			
				Conduct school enrollment drive targeting OVC in partnership with LOCs, MOE and Children dept.			
				Monitor and supervision of child right, protection and participation activities			
				Support FOGs to identify schools to support child friendly activities			
Intermediate Result 4.4: Increased access to safe water, sanitation and improved hygiene							
Expected Outcomes:							
	63			Liaise with MOE to identify/initiate hygiene education in selected	On-going		

				priority schools			
Intermediate Result 4.5: Strengthened systems, structures and services for marginalized, poor and underserved populations							
Expected Outcomes:							
	64			Identify OVC and facilitate the acquisition of birth certificates	On-going		
				Support CSI pilot and roll out	On-going		
				Support national and international events related to child survival and protection	On-going		
Intermediate Result 4.6: Expanded social mobilization for health							
Expected Outcomes:							
	66			Sensitization of religious and cultural leaders at county levels in regards to addressing cultural beliefs that hinder conventional health seeking behavior	On-going		
	66			Train RLs on stigma discrimination/HIV and AIDS and basic MNCH to improve their capacity	On-going		
	66			Support RLs to implement prevention interventions targeting small groups through outreach	On-going		

ANNEX III

APHIAplus NORTHERN ARID LANDS RESPONSES TO THE DROUGHT

APHIAplus NAL provides comprehensive support to health services through both public and non-government health facilities. In addition, APHIAplus NAL is implementing the following activities in response to the current drought:

- **Provision of water to health facilities** that would otherwise have no reliable water supply. Water resources are especially stretched during this drought period where additional demands are made of health facilities which are responding to an influx of drought-affected pastoralists. APHIAplus NAL's role has been to establish linkages with organizations which are transporting water to the region and advocate for health facilities to be included amongst the recipients.
- **Active participation in District Steering Group (DSG) meetings.** The DSG coordinates the response to emergencies such as the drought and APHIAplus NAL is assisting the DSGs to develop, coordinate and implement health sector activities such as immunization campaigns.
- **Increased health and nutrition services** to nomadic communities who are severely affected by the current drought emergency through accelerated integrated mobile outreach services in hard to reach areas.
- **Support for accelerated disease, water safety and nutrition surveillance** and rapid health response, such as the provision of oral rehydration therapy (ORT) to prevent or mitigate diarrheal disease outbreaks and provision of support to PHMT/DHMT members for monitoring and supervision activities in the affected areas.
- **Scaling-up of integrated management of acute malnutrition** through provision of therapeutic feeds.
- **Promotion and protection of infant and young child feeding practices** including health education.
- **Support targeted health services in urban facilities** with a special focus on internally displaced persons (IDPs), particularly "failed pastoralists".
- **Advocacy for food and nutritional support for vulnerable and marginalized groups, including PLHIV.** APHIAplus NAL has also strengthened the capacity of organized groups of PLHIV to advocate for themselves – this has resulted in numerous instances of support from both the private and public sector.
- **Building the capacity of local partners to access and utilize resources for mitigating the effects of the drought.** APHIAplus NAL has provided technical assistance to numerous local partners, for example on proposal development, as well as information on funding and resource opportunities with international and national donor agencies.

The above activities are being implemented across the Northern Arid Lands zone.

ANNEX IV

**IMPLEMENTING PARTNERS ORGANOGRAMS
BY SUB-REGION**

ANNEX V

SUCCESS STORIES

Community Gardens for Economic Strengthening

WAYAAP is an NGO based in the town of Isiolo, Eastern province.

WAYAAP started in 2003 in response to a call by the local community to support orphans and vulnerable children (OVC) in Isiolo town's Bula Pesa slums. WAYAAP's first project was setting up a rescue center for the most vulnerable of the children. The organization more recently started providing home-based care services for people who are HIV positive.

Through the support of both national and international donors, WAYAAP's OVC programs have grown from the confines of Bula Pesa village to 4 districts in Isiolo County. This rapid expansion has largely been courtesy of USAID's funding through APHIA II Eastern and Capable Partners Project until 2010 and now with support from APHIAplus Northern Arid Lands (NAL). It is as a result of the growth that WAYAAP has been registered as a local NGO in the year 2011.

WAYAAP is currently providing comprehensive services to 5,185 OVC (46% girls) with support from USAID.

WAYAAP's concept of Community Gardens developed in 2008 out of the realization that kitchen gardens could not serve the purpose of providing adequate food or meeting the nutritional needs of care givers and children in the program. Kitchen gardens were limited by access to both water and land. Also, over 90% of project beneficiaries are from pastoral communities, making introduction to agriculture a challenge.

WAYAAP initiated the Community Gardens by identifying communal land near an underground spring with perennial water supply. The land had traditionally been used for grazing livestock and was relatively underutilized. WAYAAP approached the community elders and described the concept of converting the land to agricultural use which would benefit orphans and their care takers. The community elders gave their blessings. The Ministry of Agriculture provided technical assistance to WAYAAP on introducing intensive farming techniques using irrigation for growing high-value crops. Interestingly, the introduction of intensive agriculture by WAYAAP in this area has triggered similar activities by others on neighboring plots, thus increasing food supply for the general population.

The gardens have 3 major components – irrigation farming (growing onions, tomatoes, maize, beans, kales & spinach) dairy goat cross-breeding (local breeds & Toggenberg) and poultry farming (broilers).

Having been developed initially with an aim of feeding the OVC and care givers, over time this proved not viable and WAYAAP transitioned the Community Gardens into an income generating venture capable of continuing without external support. Income from the gardens is used to buy nutritious foods as well as for injecting capital into small businesses run by care givers. WAYAAP also uses profits from the gardens to support other OVC services, such as education scholarships and small, interest-free loans for OVC households.

WAYAAP has used the learning experience of the last three years to inform replication of the Community Gardens in two other sites in Isiolo County where the care givers are willing to donate land for irrigation agriculture. Each of these areas has project site committees with membership drawn from various community-level interest groups.

Ultimately, and in line with ensuring sustainable impact in households, the Community Gardens concepts is being integrated with the new Household Economic Strengthening framework. Thirty households have been put on this and more are expected to be introduced in the next quarter.



Director of WAYAAP at community garden outside Isiolo town

Local Leadership Support PLHIV in Upper Eastern

From 27th June to 1st of July a treatment literacy training was carried out in Kinna Social hall Garbatulla district for 27 people living with HIV (PLHIV) drawn from Garbatulla and Kula Mawe. This was the first treatment literacy training to have ever taken place in Garbatulla district. The curriculum included sessions on treatment adherence and how to prevent spread of the infection to others. The training was supported by APHIAplus NAL and the Ministries of Health.

At the end of the meeting, the participants formed post-test clubs so that they can advance their agenda as PLHIV and start Income generating activities. They can also visit each other and socialize for psycho-social support.

For the closing ceremony on Friday, 1st July, the District Commissioner (DC) was invited to officiate. He attended the event together with the area District Officer (DO) and the District Social Development Officer (DSDO). In an expression of support for the group, the D.C encouraged the members to be open and influence other people living with HIV to form a group so that they can access resources more efficiently and advocate for their own cause. He stated that there were many PLHIV who are not consistent in their treatment because of stigma. In addition he promised to apprehend anyone who undermines PLHIV because of their status, as stated in the laws of Kenya.

The DC assured the group that he will provide them with relief food every month and send some Amaranth flour which is already in his store. In addition, he said he would talk to the area MP to include two of the group members in Constituency AIDS Committee. Bursaries for the group's children as well as the youth and women enterprise funds that come through the constituency were part of the financial support that the DC said he could also facilitate.

Finally, as he closed the ceremony, the DC donated Kshs 2000 for registration of the two groups through the DSDO. The PLHIV left the training feeling encouraged with this show of support from the senior administrator in the district and determined to live positively.



Nine Year Old Girl Rescued from Early Marriage in Maralal

Josephine Kulea and her colleague Meshack Lesurmat were going about their duties as APHIAplus NAL HBC/OVC Coordinator and District Community Coordinator respectively in Maralal town one afternoon when they met nine year old Rosila Lenanyieke hawking milk. She looked tired , hungry and strained under the heavy milk containers with the milk that she was selling. With concern, Josephine and Meshack went to talk to the girl.

In the process, they surprisingly found out that she was a married woman. For about a year now, Rosila had been married to a man in his late 30's and selling milk was the way she was contributing to income generation in the home.

Josephine and Meshack took the young tired girl to the Child Welfare Office and together with the child welfare officials, they went to the police station within the town. A very tired Rosila gave her statement to the police narrating how her husband had offered dowry to her father for her hand in marriage. Her mother had also passed away a while back and she only lived with her father who had given her as a wife. She revealed that she desired to go to school but could not do so because of the demands at home.

Following this statement, her father was arrested and convicted and is now doing a one year jail term. When asked why he gave his daughter up for marriage, he retorted "She is of the right marriage age!"

APHIAplus NAL facilitated the admission of Rosila to the Suguta Marmar Rescue center which is under the Catholic Diocese of Maralal, a partner of APHIAplus NAL. The center will facilitate her education and care from now henceforth.

Taking Action Against “Beading”

“This is the first training I have ever received and I am grateful for the organizers,” said Naiboku (a young ‘beaded’ girl), “my understanding of ‘Mayepeny’ (HIV) is a disease of town people, but now I have understood that no one in the world is ever safe from the disease, even nurses, only the prevention methods I have been taught can keep me safe.”

Naiboku was speaking after an integrated peer education training focusing on HIV behavior change communication (BCC) held in Laisamis and Merille in Upper Eastern Kenya. The training, which was supported by APHIAplus Northern Arid Lands, targeted out-of-school youth, Morans (warriors) and their ‘beaded’ girls. Beaded necklaces are a symbol of the Kenyan nation. But to young girls from these parts of the country, the necklaces are not a symbol of national pride, but something much darker, that can lead to rape, unwanted pregnancies — and even the deaths of newborns.

In ‘beading,’ a close relative will approach a girl’s parents with beads and place the necklace around the girl’s neck. This shows that she has been “booked” and he can then have sex with her. Girls are also ‘beaded’ as an early marriage promise by non-relatives. Some girls that are ‘beaded’ are no more than 6 years old. Many girls feel that this practice is good and earns them respect. “Beading is good, my peers respect me more than unbeaded girls,” says Naiboku.

The girls can be engaged to a relative, and have sex with him but they are not allowed to get pregnant and there are no preventative measures. Those girls who get pregnant frequently undergo a crude abortion before their pregnancy advances, while others hide their condition until it is too late. Giving birth under these circumstances may result in the infant being put to death by family members.



The integrated training was carefully designed for the three populations (youth, Morans and beaded girls). It is important to combine peer education with related healthcare services which include access to condoms, provision of medical care and counseling as well as HIV testing and STI management. This model was adopted during and after the training, through the collaboration of different partners, including Food for the Hungry, World Vision and Ministry of Health.

During the training, it was realized that there was ignorance, illiteracy and lack of relevant information in the community. HIV counseling and testing services are not reaching the population effectively because of their mobility (they are mostly pastoralists).

By the end of the three-day training, the team was able to distribute 800 condoms to 48 youth peer educators and 8 CHWs while 23 Morans and 23 beaded girls received counseling and testing services. A behavior change group was initiated for Morans and posters, brochures and fliers with information on HIV provided for those who were literate or had literate family members.

“I will share the information with my mother because she does not understand about the disease but has heard of it,” Naiboku concluded.

Turkana Home Visits: Working with Extraordinary Families

The walk to Mzee Musa's home was a long, hot and dusty one. The outreach team led by Jane Mabuka the OVC Manager and John Kutna BCC Manager trudged on in the hot sun with one focus in their mind – to reach the destination of their first home visit. This visit was going to help them develop some of the strategies they would use for community entry in the area.

Led by Rosemary, a happy and passionate community health worker who was used to the long distances and the sun, they maneuvered their way around the houses, occasionally saying hello to some of the community members who knew Rosemary.

Musa Lomillo together with his three wives were in his first wife's house waiting for their 'guests'. Outside the grass thatched one-roomed house, their children played, and on seeing the team they stopped to joyfully welcome them together with their parents. Despite the joyful welcome, Musa took time to admonish the team because they were slightly late. They would soon learn that he was an organized man who was very conscious about time keeping. After apologizing profusely, they were welcomed into the house. Introductions were made and the reason for the visit stated as a 'fact-finding' mission.

Musa is not an old man, he is probably in his forties. However, in the Turkana tradition, he has three wives who have borne him twenty children. "My grandfather had 10 wives," he says proudly, justifying the reason why he decided to marry 'only' three.

Musa, his three wives and two of his children are all HIV positive, a fact that he is very open about. This realization came to the family in 2006 when Musa's third wife Ellen contracted tuberculosis. She was taken to St. Patrick's dispensary in Lodwar town where she was diagnosed. After she was put on treatment, the whole family was advised to go for HIV tests. Musa was the first to be tested and when the results came out positive, he encouraged his other wives to get tested.

At first, the family was devastated about the results but they decided to continue living positively. Shortly afterwards, Musa got employment at the St Patrick's Dispensary run by the Catholic Diocese of Lodwar where he earns Kshs 4,000... nowhere near enough to feed his large family. "My children are fed by God," he says. His eldest child is 19 years old and his youngest is 3 months old.

Since finding out their status, Musa's family has been on care and treatment and they have adopted a system that enables them to all remember what time to take their medicine. Having worked in the dispensary for a many years now, Musa helps guide his wives to practice PMTCT when pregnant so that they do not infect their unborn children. He keeps a perfect calendar encouraging all his wives to carry out exclusive breastfeeding for six months until they are asked to stop by Musa himself. This is why only two of his children were born positive.

'In these difficult circumstances, it is very hard for a woman to practice exclusive breastfeeding,' he says. "her diet has to be very well planned." Musa tries very hard with the help of his first wife Margaret (the family economist) to make sure the lactating mothers are well fed.

Musa and his wives also remind each other of when to take their medicine. This family with almost no education (Only Mary, the second wife, went to school up till class 2), they have adopted a system that is helping them live positively. The smiles on their faces and their friendliness to each other depict the harmonious standards by which they live. "We are used as

examples by the area chief!” Musa says. ‘No one can tell of the turmoil we went through to get to this level.’

This visit led to the realization of a number of issues for the APHIA*plus* team. Family planning sensitization to the community was of great importance, as is evident from Musa’s 20 children. In addition, Musa’s family have agreed to be advocates to the rest of the community on how to live positively and reduce stigma. Issues of economic strengthening for OVC and their families will also have an increased focus in the Turkana program.



Mzee Musa and his three wives